

CITY OF COVENTRY.



Annual Report

ON THE

HEALTH OF THE CITY

BY

E. H. SNELL, M.D., B.Sc., Lond., F.R.S., Ed.

Barrister-at-Law,

MEDICAL OFFICER OF HEALTH

AND

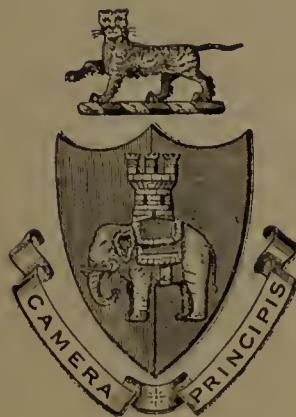
SCHOOL MEDICAL OFFICER.

1920.

COVENTRY :

CURTIS & BEAMISH, LTD., 50, HERTFORD STREET.

CITY OF COVENTRY.



Annual Report

. . . ON . . .

The Health of the City

. . . BY . . .

E. H. SNELL, M.D., B.Sc., Lond.,

OF THE MIDDLE TEMPLE, BARRISTER-AT-LAW

Diplomate in Public Health of the University of Cambridge; Fellow of the Royal Society of Edinburgh; Fellow of the Royal Sanitary Institute, the Royal Institute of Public Health, and of the Royal Society of Medicine; Past-President of the Midland Branch of the Society of Medical Officers of Health; Member of the Royal College of Surgeons.

1920.

Coventry:

CURTIS AND BEAMISH, LTD., PRINTERS, HERTFORD STREET.

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 MR. ALDERMAN W. LEE, J.P.
 MR. ALDERMAN T. A. B. SODEN, J.P., M.R.C.S.
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 MR. COUNCILLOR T. E. FRISWELL.
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 MR. COUNCILLOR H. H. KENDRICK, M.R.C.S.

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Assistant Tuberculosis Officers -	R. FRENCH, M.B., B.CH., B.A. CAMB. (R. J. CYRIAX, M.D., BRUX.)
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* Inspector's Certificate of Royal Sanitary Institute.

† Health Visitor's Certificate of Royal Sanitary Institute.

‡ Inspector's Certificate of Sanitary Inspectors' Examination Board.

§ Certificate of Central Midwives Board.

|| Certificate of Royal Sanitary Institute for Inspecting Meat and other foods.

¶ Three years general trained nurse.

o Certificate of Liverpool University for Sanitary Science.

a Certificate of Royal Sanitary Institute for Maternity and Child Welfare Workers.

SANITARY STAFF—*continued.*

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Health Visitors	-	Miss D. M. JONES. * § Miss E. QUINN † § * (Resigned 18th Oct., 1920). Mrs. ROSS. * † (Resigned 10th May, 1920). Miss E. MILLINGTON. † § Miss E. FINIGAN.* § Miss A. G. PUDGE. † § (Appointed 12th July, 1920). Miss E. R. SAUL.* § a (Appointed 14th July, 1920). Miss F. BOULTON. § * (Appointed 15th Nov., 1920).
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Statistical Clerk	-	J. H. GRANT. S. CLARKE.
Junior Clerks	-	Miss W. LEE. Miss G. HARVEY. Miss K. SAVAGE (Resigned 4th Sept., 1920). Miss M. BROWN (Appointed 2nd Oct., 1920).
Disinfecter and Motor Driver	-	R. W. ELMORE.

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 MR. COUNCILLOR A. J. MAKEPEACE, J.P., L.D.S., *Vice-Chairman.*
 MR. ALDERMAN W. HEWITT.
 MR. ALDERMAN W. LEE, J.P.
 MR. ALDERMAN T. A. B. SODEN, J.P., M.R.C.S.
 MR. COUNCILLOR H. H. KENDRICK, M.R.C.S.

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Medical Superintendent	-	-	-	E. H. SNELL, M.D.

PUBLIC ABATTOIR, MUNICIPAL LODGING
HOUSE, AND DISEASES OF ANIMALS,
SUB-COMMITTEE.

(To carry into effect the Diseases of Animals Acts, 1894 and 1896, and the Orders of the Board of Agriculture thereunder, having delegated to them all the powers which the Committee, under the said Acts and Orders respectively, have power to delegate. To consider and report upon the questions of providing a Public Abattoir and a Municipal Lodging House).

THE MAYOR.

MR. COUNCILLOR A. H. BARNACLE, O.B.E.
MR. COUNCILLOR A. J. MAKEPEACE, J.P., L.D.S.
MR. ALDERMAN W. HEWITT.
MR. ALDERMAN W. LEE, J.P.
MR. COUNCILLOR T. E. FRISWELL.

UNFIT HOUSES SUB-COMMITTEE.

(To visit Houses reported by the Medical Officer of Health as being unfit for habitation, and report to the Committee thereon).

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MR. COUNCILLOR A. J. MAKEPEACE, J.P., L.D.S.
MR. ALDERMAN W. HEWITT.
MR. ALDERMAN W. LEE, J.P.
MR. ALDERMAN T. A. B. SODEN, J.P., M.R.C.S.
MR. COUNCILLOR T. E. FRISWELL.

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(Appointed pursuant to the Mental Deficiency Act, 1913).

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MR. ALDERMAN W. LEE, J.P.
MR. ALDERMAN T. A. B. SODEN, J.P., M.R.C.S.
COUNCILLOR MRS. HUGHES.
MRS. S. A. GRIFFITHS, M.B.E., J.P.

VENEREAL DISEASES ADVISORY COMMITTEE.

The Members of the Sanitary Committee and
 Miss ALLEN, Mrs. APPLETON, Miss BARRATT, Dr. BRAZIL, Mrs.
 BIGGS, Rev. F. M. CAFFRAY, Mr. F. C. CALDICOTT, Mrs. CORRIE,
 Miss DIX, Dr. WEBB FOWLER, Mr. J. C. LEE GORDON, Dr.
 HAWLEY, Mrs. IVES, Mrs. KEENE, Mr. MABBS, Miss SEYMOUR,
 Miss WILKS Miss WILBY.

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 Mr. ALDERMAN W. LEE, J.P.
 Mr. ALDERMAN T. A. B. SODEN, J.P., M.R.C.S.
 Mr. COUNCILLOR A. H. BARNACLE, O.B.E.
 Mr. COUNCILLOR H. H. KENDRICK, M.R.C.S.
 Mr. COUNCILLOR S. G. POOLE.

REPRESENTATIVES ON THE GENERAL COMMITTEE OF THE COVENTRY AND WARWICKSHIRE HOSPITAL.

Mr. ALDERMAN T. A. B. SODEN.
 Mr. COUNCILLOR T. E. FRISWELL.
 Mrs. S. A. GRIFFITHS M.B.E., J.P.

Summary of Vital Statistics.

The principal features of the vital statistics for the year 1920 are as follows :—

Estimated Population at middle of year	...	140,000	
Birth Rate	...	23·2	Average for previous ten years 23·8
Marriage Rate	...	19·1	18·1
Recorded Death Rate	...	9·0	11·7
Infantile Death Rate per 1,000 Births	...	76·0	87·6
Zymotic Death Rate	...	0·32	0·95
Respiratory Death Rate	...	1·45	1·87
Phthisis Death Rate	...	0·91	1·10
Death Rate from other forms of Tuberculosis	...	0·22	0·31

CITY OF COVENTRY.

Forty-sixth Annual Report OF THE MEDICAL OFFICER OF HEALTH.

To the Right Worshipful the Mayor, Aldermen,
and Councillors of the City of Coventry.

MR. MAYOR, LADIES, AND GENTLEMEN,

I have the honour of submitting to you the forty-sixth Annual Report—the twenty-fourth that I have presented—concerning the vital statistics and general sanitary condition of your City.

The contents of this Report are arranged similarly to those of the Report for 1919.

It is to be feared that the matters requiring to be reported on are becoming so numerous that the information concerning each which it is possible to include is necessarily restricted. Regard has principally been directed to the furnishing of that information asked for by the Ministry of Health, and the placing on record for the purposes of reference of certain outstanding features of hygienic interest.

I. NATURAL AND SOCIAL CONDITIONS.

POPULATION.

At the census of 1911 the population of the City was 106,349.

The following is extracted from the Report of the Medical Officer of Health to the Sanitary Committee, February, 5th, 1920 :—

"An estimate of the population at the present time is obviously much more difficult than in normal times. The census is due to be taken next year, so that we are now nine years

removed from the last census. Local conditions clearly demonstrate that the population of the City has been increasing. We also know that the accommodation has not kept pace with the growth of the population. In former years the growth of the number of houses was a fair indication of the increase in the population, and at each previous recent census the number of persons per house in Coventry was 4.5. If a census were now taken, this relation between the population and houses would probably be found to be considerably disturbed. It is common knowledge that a considerable amount of overcrowding still exists, and that a large number of people occupy lodgings who would otherwise be accommodated in separate houses.

Towards the end of last year, in order to form some estimate of the number of houses taking in lodgers, I had an analysis made of the houses visited by the School Nurses and Health Visitors on account of measles. Out of many hundreds of such houses visited, the number taking in lodgers proved to be about 20 per cent.

We are still without the estimate of the Registrar-General for 1919, but for 1918 he placed this at 135,218. The figure used locally for that year was 133,000, and for 1919 it was 136,000.

The number of new houses built in 1919 was 125, and there were 24 houses demolished.

If the number of persons per house be taken as 5, an estimate of 140,000 for 1920 would approximately be correct.

The Executive Officer to the Food Control Committee kindly informs me that at the beginning of this year the number of ration cards in use was, he estimated, 139,596, so that the figure 140,000 would probably be a reasonable figure to take as the estimate for the current year for the purposes of the local vital statistics."

(The figure adopted by the Registrar-General for the estimation of the local death rate was 137,470, and that for the birth rate 137,310).

PHYSICAL FEATURES OF THE CITY AND DISTRICT.

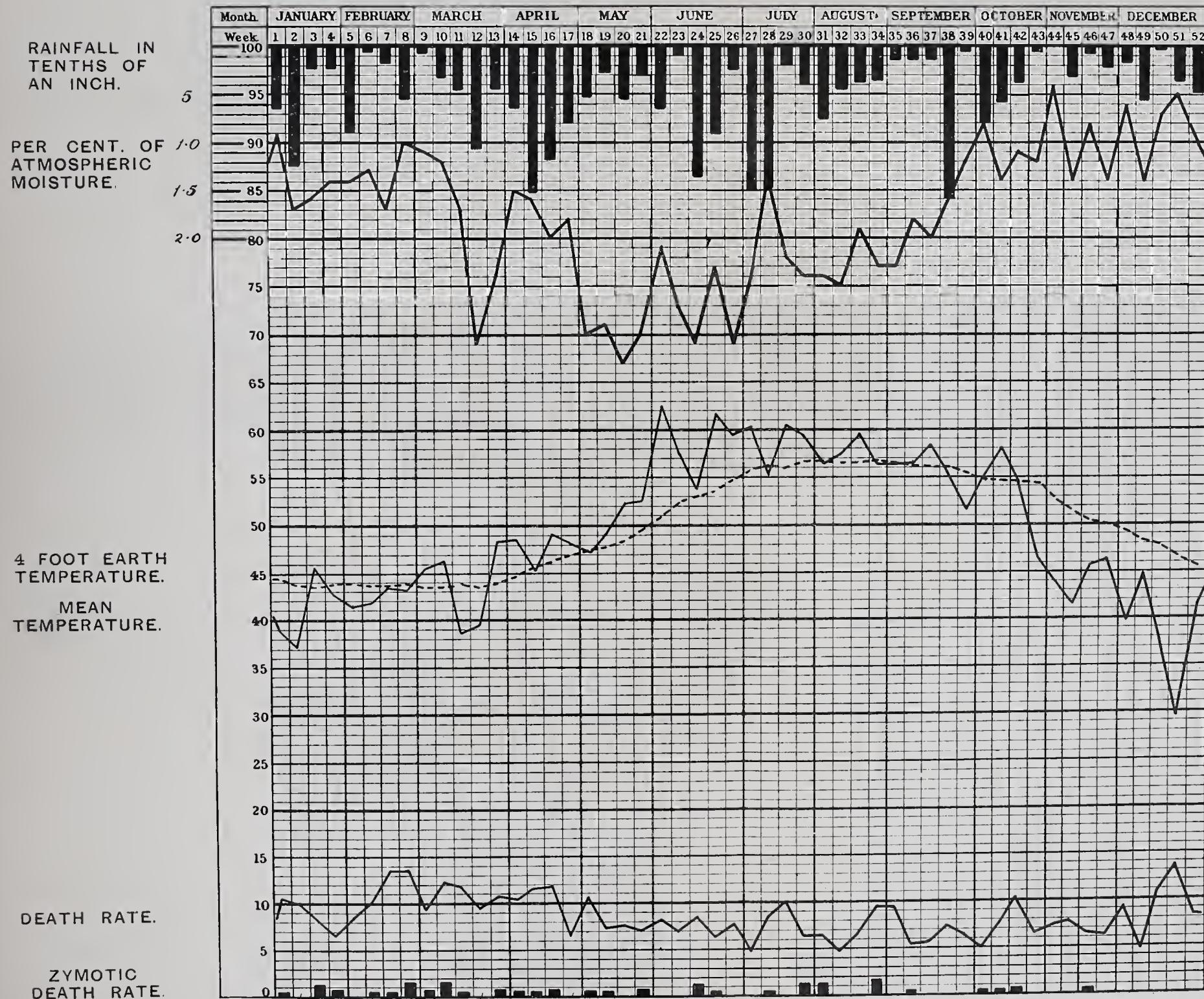
This subject was dealt with at length in the report for 1919 (*q.v.*).

Meteorology.

Meteorological observations are made daily at the City Hospital, and posted at St. Mary's Hall. Monthly records of

CITY OF COVENTRY, 1920.

CHART ILLUSTRATING THE RELATION BETWEEN THE DEATH RATES
AND PRINCIPAL METEOROLOGICAL CONDITIONS.



them are forwarded to the Meteorological Office, and published by that Office in the monthly weather reports.

The relationship existing between the death rate and the temperature, and the humidity of the atmosphere, is graphically represented in the curves on the plate on the opposite page.

The summary of the meteorological observations taken during the year is given on page 14.

The highest temperature recorded in the shade was on May 25th, when 79° F. was reached. Freezing point or below was recorded in the screen on 34 days during the year; these days were distributed throughout the months as below:—

January	7	July
February	4	August
March	4	September
April		October
May		November 8
June		December 11

The highest temperature recorded four feet below the surface of the ground was 56.9° F., on August 19th and 20th, and that one foot below the surface was 63° F., on June 29th.

Rain fell on 192 days. The total rainfall at the City Hospital amounted to 27.61 inches, or 2.43 inches less than in 1919.

The greatest fall recorded in any 24 hours, from 9 a.m. to 9 a.m., was noted on June 12th, when the amount collected was 1.08 inches.

In addition to the ordinary rain gauge situated on the ground, there is an automatic rain gauge at this station; its funnel is situated 4 feet 11 inches above the ground; this collected 23.64 inches of rain.

The daily records of rainfall for the year are given on page 10.

The warmest day in the year was May 25th, and the coldest were December 13th and 15th.

On December 13th the reading of the minimum thermometer in the screen was 11.4° F., shewing 20.6° of frost. Only once since 1900 has a lower temperature been recorded, and that was on November 24th, 1904, when the reading was 9° F.

to

RAINFALL, 1920.

Date.	Jan.	Feb.	Mar.	April.	May	June.	July.	Aug.	Sept.	Oct.	Nov	Dec.
	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.
1	..	..	..	..	'11	'24	..	'43	..	'02	'41	..
2	..	..	..	'08	..	..	'17	'02	'07	'09	..	'15
3	..	'04	..	'20	'01	'01	'48	..	'05	'14	..	..
4	'01	..	..	'26	..	..	'07	'36	..	'26	..	'01
5	..	..	'06	..	'13	..	'52	'06	'14	'17	..	'01
6	..	'01	'26	'04	'05	..	'18	..	..	'02	..	'02
7	'01	..	'03	'13	..	..	'10	..	..	..	..	..
8	'53	'07	..	'64	'09	..	'47	..	..	..	..	..
9	'34	'01	..	'41	..	..	'04	'24	..	..	..	..
10	'35	'09	'05	'03	..	'03	'10	..	..	..	'04	..
11	'13	..	'02	'31	'53	'24	'02	..	..	..	..	..
12	'03	..	'05	'08	'01	'08	'07	'09	..	'02	'02	'28
13	'05	..	'31	'13	..	..	..	..	'02	..	..	'02
14	'02	..	'100	'30	..	'09	'01	'06	'21	'02	'12	..
15	..	'09	'07	'27	..	'22	'02	..	'23	'04	'06	..
16	..	..	..	'09	'06	'49	'08	..	'07	'30	'03	..
17	..	..	..	..	'14	..	..	..	'77	'05	..	'03
18	'17	..	..	'07	'10	..	'03	'17	'29	..	..	'02
19	..	39	..	'26	..	'11	..	'09	'04	..	..	'01
20	'04	'06	..	'33	..	'24	..	..	..	..	..	'03
21	..	..	..	'02	..	..	'16	'11	..	..	..	'03
22	'02	'01	..	'09	..	..	'04	'09	'01	..	..	'02
23	..	..	..	'01	..	..	'17	'04	..	..	'01	'33
24	..	..	'16	'02	..	..	..	'01	..	..	..	'07
25	..	'02	'09	'03	'05	..	'61	..	..	..	..	..
26	'18	'02	'17	'03	'05	..	'04	..	..	..	'01	'06
27	'06	'02	'02	'13	'04	'33	..	..	..	..	'15	'30
28	'54	..	'06	'01	28	..	'03	..	..	..	..	'15
29	'06	..	'20	..	'22	..	'04	..	..	..	'09	'43
30	..	..	..	'09	'05	'09	'02	..	'30	..	'11	'29
31	'06	..	'02	..	'04	..	..	..	..	'31	..	'04
Totals	2.60	.83	2.57	4.17	2.09	2.93	3.90	1.34	2.22	1.83	.64	2.49
No. of Rain Days.	17	12	16	27	17	11	24	12	13	12	10	21

Total Rainfall for Year = 27.61 inches: No. of Rain Days 192.

RAINFALL AT DIFFERENT LOCAL STATIONS, 1920.

		City Hospital.	Radcliffe Road.	Pumping Station, Whitley.
January	.. ..	2.60	2.80	2.49
February	.. ..	.83	1.12	.71
March	.. ..	2.57	2.86	2.35
April	.. ..	4.17	4.27	3.98
May	.. ..	2.09	1.91	2.00
June	.. ..	2.93	2.95	3.02
July	.. ..	3.90	4.16	3.42
August	.. ..	1.34	1.44	1.33
September	.. ..	2.22	2.41	1.97
October	.. ..	1.83	2.02	1.94
November	.. ..	.64	.69	.59
December	.. ..	2.49	2.59	2.46
Total	.. ..	27.61	29.22	26.26

For the records of rainfall at Radcliffe Road and Whitley, I am indebted to the courtesy of Mr. J. B. Morris, and the City Engineer respectively.

The monthly amounts of rain registered at the City Hospital are given on the next page, together with the corresponding tables for the previous twenty years.

	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920
Jan...	3·44	·98	1·04	2·17	2·66	·72	3·53	·925	·685	1·27	2·38	·88	4·67	3·94	1·00	2·57	1·320	1·984	2·400	4·64	2·60
Feb...	3·82	1·64	1·51	1·05	3·13	·80	2·405	1·070	·905	·75	2·49	1·69	1·63	·86	1·57	3·22	3·664	1·234	1·420	2·92	·83
March	·62	1·78	1·68	4·03	1·41	3·02	1·24	1·055	2·635	3·05	·80	2·01	3·39	3·73	2·52	·88	4·060	1·524	·960	3·82	2·57
April	1·27	1·92	2·19	1·555	·90	1·475	·46	1·810	3·655	1·43	1·87	·84	·33	4·11	1·48	·99	1·074	1·320	2·590	1·93	4·17
May	1·66	·88	2·24	3·21	1·55	·265	2·23	3·685	2·235	1·55	2·30	·82	3·63	2·33	1·18	2·23	2·288	2·650	1·680	·81	2·09
June	3·15	2·64	2·47	2·65	·33	2·95	3·375	2·520	1·490	3·05	1·25	1·84	4·77	·81	2·40	·65	1·570	3·60	1·000	1·07	2·93
July	1·62	2·46	1·48	2·69	2·56	·865	·955	2·775	2·435	3·49	2·81	·15	3·20	1·01	2·12	6·35	1·490	2·140	3·700	3·00	3·90
Aug.	3·00	1·725	3·47	3·97	1·73	4·625	1·005	2·890	3·155	1·91	4·04	1·62	6·22	·56	1·60	2·10	3·840	4·584	1·390	2·41	1·34
Sept..	45	1·21	1·09	2·13	1·92	2·005	1·015	·780	1·450	2·36	·77	1·68	·99	1·68	·72	·79	0·700	1·470	4·304	2·00	2·22
Oct...	2·77	1·30	2·29	6·38	·595	1·035	5·175	4·640	1·230	3·75	2·24	2·61	2·56	3·15	2·02	1·88	2·730	3·050	1·364	2·21	1·83
Nov.	1·99	69	1·595	1·57	1·31	2·74	2·925	2·065	1·185	·61	4·49	2·63	1·75	3·02	3·00	2·47	3·000	0·850	1·640	1·57	·64
Dec.	5·09	4·19	1·48	1·34	1·88	·815	2·095	3·355	2·040	3·43	4·13	4·60	3·88	1·15	5·55	5·00	2·740	0·980	2·800	3·66	2·49
Totals	28·88	21·415	22·535	32·745	19·975	21·315	26·41	27·57	23·100	26·65	29·57	21·37	37·02	26·35	25·16	29·19	28·476	25·386	25·248	30·04	27·61

The average yearly rainfall at this station for the preceding twenty-eight years, 1892 to 1919, was 25.658 inches. The rainfall for 1920 was therefore 1.932 inches above the average for these years.

The average rainfall for the Midland Counties, as recorded by the Meteorological Office was 30.58 in 1920.

Below is given the total amount of bright sunshine recorded during each of the past fourteen years by the two sunshine recorders in use; the Campbell-Stokes instrument is the only one recognised by the Meteorological Office.

Year.	Campbell-Stokes'	Jordan's
	Sunshine Recorder	Sunshine Recorder.
	Hours.	Hours.
1907	1354	1197
1908	1406	1220
1909	1478	1249
1910	1312	1104
1911	1555	1446
1912	1125	1094
1913	1169	1107
1914	1452	1315
1915	1463	1260
1916	1220	1121
1917	1326	1312
1918	1310	1310
1919	1321	1349
1920	1110	1183

A Meteorological Station has now existed at the City Hospital for twenty-nine years. The records give data for calculating the "mean" monthly temperatures over this period of time. These are as follows :—

January	... 38.3	July	... 61.2°
February	... 39.2°	August	... 60.5°
March	... 42.0°	September	... 56.1°
April	... 46.9°	October	... 49.1°
May	... 53.1°	November	... 42.9°
June	... 58.3°	December	... 39.9°

Meteorological Observations made at the City Hospital, Coventry, 1920.

Lat. $52^{\circ} 24' 34''$ Long. $1^{\circ} 30' 20''$ Height of rim of rain gauge above mean Sea Level 271 ft.

The cistern of the barometer is situated 326 feet above sea level.

Baro- meter 1920	Air Temperature.		Hygrometer.		Cloud.		Rain and other Forms of Precipitation.		Weather.		Wind Force (0-12.)		Wind Direction. No. of Observations reduced to totals of 93 for each month																																				
	Mean of Observa- tions at 9 a.m.	Absolute Minimum and Maximum	Mean of Observa- tions at 9 a.m.	Absolute Minimum and Maximum	Day of Month.	Day of Month.	Earth Tempera- ture.	Bright Sun- shine.	At 1 foot depth.	At 4 feet depth.	Total Fall.	Daily Possiblre Amount.	Day of Month.	N.W. S.W. E. N.E. N. Gale. Fog. Overcast. Clear Sky. Hail. Snow.																																			
m.b.	0	0	0	0	JAN.	1000.3	35.2	41.0	+3.1	24	7.8	55	18	40.7	1.8	7.3	86	39.9	43.9	16	0	%	hrs.	hrs.	39.9	43.9	16	1.32	5.4	17	6.6	28	2	0	6	7	0	17	3	12	3	9	3	0	6	18	30	21	3
					FEB.	1010.7	48.9	38.4	43.6	+4.2	27	5	58	18.29	40.9	1.5	7.5	88	40.2	43.8	20	2.00	6.6	12	21	-22	10	19	1	0	0	3	8	2	16	0	6	21	6	0	12	15	18	15	0				
					MAR.	1001.5	52.3	40.2	46.2	+4.3	27	8	64	23.30	44.9	2.5	8.2	82	42.2	43.9	31	3.61	5.6	16	66	+21	25	14	3	3	0	7	7	0	18	1	9	12	0	3	0	3	18	21	24	12			
					APR.	933.9	52.8	41.1	47.0	+0.3	34	30	58	10	48.0	2.9	9.0	80	47.5	46.3	18	2.53	8.0	27	106	+65	16	8	0	2	0	0	13	0	5	0	21	3	6	9	6	6	12	15	21	12			
					MAY	1005.4	62.7	45.4	54.1	+1.4	34	5	79	25	55.5	4.5	10.8	72	53.5	49.3	37	5.80	5.6	17	53	+3	13	11	0	0	3	4	2	0	2	0	12	0	0	15	9	6	18	21	18	6			
					JUNE	1006.0	67.5	49.5	58.5	+0.1	39	6.9	78	17	60.0	5.0	12.5	71	60.0	53.9	39	6.43	5.5	11	76	+22	27	12	0	0	4	1	0	0	0	0	6	0	12	9	9	15	12	15	9				
					JULY	1000.7	64.9	51.0	58.0	-3.5	45	25	70	19	58.3	3.3	13.2	79	59.9	56.2	22	3.58	6.9	24	98	+40	15	25	0	0	1	0	4	0	0	12	3	6	3	0	6	27	12	27	9				
					AUG.	1007.6	65.0	49.6	57.3	-3.2	42	20	72	28.29	57.9	3.7	12.6	77	58.6	56.5	26	3.84	6.6	12	34	-30	9	4	0	0	1	3	8	0	0	6	3	15	9	6	0	3	21	18	18				
					SEPT.	1005.6	63.6	47.2	55.4	-1.0	36	20	72	12	55.0	2.2	12.5	86	55.8	55.7	22	2.80	6.8	13	56	+10	20	17	0	0	2	9	1	1	0	9	9	315	6	0	3	15	27	12					
					OCT.	1004.2	57.3	44.1	50.7	+1.6	33	1	70	5	49.8	1.4	10.9	90	51.8	54.2	23	2.48	7.0	12	47	-21	10	1	0	0	1	2	6	5	9	0	12	18	315	27	21	9	0	0	0				
					NOV.	1007.2	48.8	37.7	43.3	+0.1	25	22	58	14	42.8	1.3	8.3	90	44.6	50.1	15	1.27	6.8	10	16	-41	4	27	0	1	0	2	8	5	13	0	6	15	6	12	12	0							
					DEC.	1004.1	44.2	35.1	39.7	+0.4	11	13	55	26.31	39.5	1.1	7.4	91	40.3	48.8	10	0.74	7.5	21	63	-1	11	29	3	0	0	1	11	3	16	2	9	18	27	6	0	6	15	15	3	3			
Whole Year.	1003.9	56.2	42.6	49.4	+0.5	11	Dec. 79	May 25th	13th	12th	79	13th	12th	11	10	31	83	16	97	6	120	105	93	99	69	84	171	192	201	84	9	6	10	31	27	J ne	9	6	12	12									

SOCIAL CONDITIONS.

This subject was dealt with at length in the Report for 1919 (*q.v.*).

Occupations.

The chief occupations of the inhabitants of the City are in connection with the following industries :—The manufacture of motor cars, motor cycles, and cycles; general engineering and machine tool-making; the manufacture of artificial silk; silk-weaving and general textiles; printing; watch manufacture, and the making of electrical equipment and magnetos; stamping and press-working, and the manufacture of various motor components, including chains, wheels, rims, tyres, recording instruments, etc., and of petrol engines and parts.

Details of the occupations of all persons in the City at the Census of 1911 are shown in my Annual Report for 1913, page 11 *et. seq.*

Occupational Influence on Health.

This influence is mainly that of the factory: with the exception of sand-blasting, none of the occupations can be described as being specially injurious. The principal influence is that of factory work in general in contradistinction to more open-air employment.

Expectation of Life.

The following figures are taken from a recent publication of the Registrar General's and are based on the mortality experience of this City for the years 1911-1912.

COVENTRY.

Expectation of Life at various ages.
AGES.

	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-
Males ..	51.79	56.74	57.93	57.14	53.67	49.07	44.79	40.24	31.53	23.29	16.19	10.75	6.15	3.55
Females ..	55.58	59.35	60.31	59.11	55.59	51.03	46.73	42.60	33.93	25.74	18.00	11.66	6.37	3.03

Table shewing number of people who survive to the ages shewn out of 100,000 born.

	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	85-	95-
Males ..	100,000	89,000	86,287	83,055	80,809	80,177	78,950	78,132	75,336	70,583	60,740	42,785	21,763	4,251	190
Females	100,000	92,060	89,095	86,458	84,282	83,586	82,389	80,802	78,021	73,377	66,039	51,179	29,556	6,673	147

Vital Statistics.

The following Tables record the vital statistics and general growth of the City as far as information can be acquired.

Coventry was constituted a separate County by Charter of Henry VI., 1451.

Incorporated with the County of Warwick, 1842.

Constituted a County Borough, 1888.

Area = 4,147 acres.

Rateable Value, 1900	£266,930
" " 1910	£394,510
" " 1920	£546,061

Density of Population, 1920 = 33·7 per acre.

" .. 1911	= 25·8 ..
" .. 1901	= 16·9 ..

Average number of persons to each occupied house, 1920 = 5·0

"	= 4·5
"	= 4·5
"	= 4·5

Year.	Houses Inhabited.	Vacant.	Population.	Mortality.	Zymotic Mortality.	Deaths under one year per 1000 born.	Birth Rate.
1377	...	...	7,000	...	...	...	...
1586	...	...	6,502	...	...	...	...
1643	...	...	9,500	...	...	...	...
1694	...	...	6,711	...	...	...	...
1723	1,934	...	...	...	...	...	...
1748	2,066	...	12,817	32?	...	...	35?
1801	2,930	...	16,034	...	...	...	...
1811	3,448	*60	17,923	...	...	...	...
1821	3,729	*114	21,448	...	...	...	...
1831	5,444	*421	27,298	...	...	...	...
1841	6,531	*590	31,032	...	...	...	...
Ten Years' Average.							
1851	7,783	*151	36,812	27	...	...	...
1861	8,991	*1,026	40,936	25	...	...	...
1871	8,535	*816	37,670	22	...	...	...
1881	9,223	*643	42,111	20	3·3	150	35·4
1891	11,496	*284	52,724	18·5	1·7	142	32·0
1901	15,571	353	69,877	16·96	1·9	153·7	29·8
1911	19,500	218	87,188	13·7	1·4	109·3	28·0
1897	†12,440	73	61,234	16·8	1·8	157	31·3
1898	†12,939	75	61,555	17·3	2·9	200	31·1
†1899	†13,297	112	61,796	19·0	2·2	164	30·5
1900	15,461	292	70,075	17·5	2·4	131	32·3
1901	15,571	353	70,300	17·1	2·5	150	29·2
1911	23,515	95	107,287	13·3	2·08	109·8	26·9
1912	24,590	50	111,166	11·9	1·35	76·1	26·4
1913	25,51	113	115,064	11·4	0·84	91·6	26·0
1914	25,860	99	119,003	11·7	0·70	84·6	26·9
1915	26,667	56	122,982	12·9	1·39	87·8	23·8
1916	27,366	12	127,089	10·9	1·23	87·5	23·5
1917	27,531	15	130,000	10·4	0·47	78·5	20·2
1918	27,735	25	133,000	14·6	0·42	92·5	20·7
1919	27,829	20	136,000	9·3	0·32	82·8	18·2
1920	27,973	48	140,000	9·0	0·32	76·0	23·2

* This number includes all business offices, whether in dwelling houses or factories, if not occupied on the night the Census was taken.

† This number omits all business offices, factories, etc.

‡ These figures omit the added area.

TABLE I. M. OR II.—VITAL STATISTICS OF WHOLE DISTRICT DURING 1920 AND PREVIOUS YEARS.

YEAR.	Population estimated to middle of each year.	BIRTHS. Nett.	TOTAL DEATHS REGISTERED IN THE DISTRICT	NETT DEATHS BELONGING TO THE DISTRICT.					
				TRANSFERABLE DEATHS.‡			At all Ages.		
				Number.*	Rate.	Number.*	Rate per 1,000 Nett Births	Number.*	Rate.
1	2	3	4	5	6	7	8	9	10
1915	122,982	2932	23·8	1575	12·8	36	56	258	87·8
1916	127,089	2994	23·5	1402	11·0	50	42	262	87·5
1917	130,000	2630	20·2	1370	10·5	80	64	207	78·5
1918	133,000	2777	2766	20·7	1944	14·6	76	79	257
1919	136,000	2488	2486	18·2	1278	9·3	65	54	206
1920	140,000	3256	3250	23·2	1264	9·0	52	60	247

Area of District in acres (land and inland water) 4,147 acres.

Total population at all ages
Total families or separate occupiers 106,349
At Census of 1911. 23,410

NOTES TO TABLE I.

NOTES.—This Table is arranged to show the gross births and deaths registered in the district during the calendar year and the births and deaths properly belonging to it with the corresponding rates. The rates are calculated per 1,000 of the estimated gross population as stated in Column 2. In a district in which large public institutions for the sick or infirm seriously affect the statistics, the rates in Columns 5 and 13 may be calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such institutions.

* In Column 6 are included the whole of the deaths registered during the calendar year as having actually occurred within the district, but excluding the deaths of soldiers and sailors that have occurred in hospitals and institutions in the district.

In Column 12 is entered the number in Column 6, corrected by subtraction of the number in Column 8 and by addition of the number in Column 9. Deaths in Column 10 are similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

† The Medical Officer of Health has from the returns made to him by the local Registrar of Deaths, as well as from the quarterly lists furnished by the Registrar-General, to fill in Column 8 in accordance with the rule in the next paragraph below. The Registrar-General, either directly or through the County Medical Officer of Health, will supply the Medical Officer of Health with the particulars of deaths to be entered in Column 9; and all such deaths are included in this Column, unless an error is detected, and its correction has been accepted by the Registrar-General. For Column 4 the Registrar-General will furnish to the Medical Officer of Health, a statement of the number of births needing to be added to or subtracted from the total supplied by the local Registrar.

‡ "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided. The deaths of persons without fixed or usual residence, e.g., casuals, are not included in Columns 8 or 9, except in certain instances under 3 (b) below. The Medical Officer of Health will state in Column 8 the number of transferable deaths of "non-residents" which are to be deducted, and will state in Column 9 the number of deaths of "residents" registered outside the district which are to be added in calculating the nett death-rate of his district.

The following special cases arise as to Transferable Deaths:—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals, lunatic asylums, workhouses, and nursing homes (but not almshouses) have been regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission, the death is not transferable. If the patient has been directly transferred from one such institution to another, the death is transferable to the district of residence at the time of admission to the first Institution.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the mother was admitted for her confinement have been referred to the district of fixed or usual residence of the parent.

(3) Deaths from Violence have been referred (a) to the district of residence, under the general rule; (b) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known; (c) failing this, to the district where death occurred, if known; and (d) failing this, to the district where the body was found.

Vital Statistics of the Wards.

The following table shows the estimated populations of the several wards, and the particulars on which these estimates are based, viz., the newly-completed houses at the middle of the year, the houses demolished, and vacant houses; it also gives the birth and death rates for the several wards, based on these estimates, and also the infantile mortality rates, which being based on the comparison of the infantile deaths to the actual number of births which occurred, are not based on estimates.

WARDS	Average Infantile Death Rate for 10 years.	Infantile Death Rate.	Deaths under 1 year.	Birth Rate, 1920.	Births Registered.	Average Death Rate (10 years).	Death Rate, 1920.	Deaths Registered.	Estimated Increase of Population. July 1919 to June 1920.	†Demolished in 1920.	Houses Completed July 1st, 1919 to June 30th, 1920.	Estimated Population, middle of 1919.		
Radford	..	10600	11409	125	3	809	106	10·0	242	21·1	14	57·8	74·5	
Foleshill	..	16410	16894	7	..	484	129	7·6	107	453	26·8	38	83·8	
Harnall	..	9806	9986	..	..	180	87	8·7	116	188	18·8	10	53·2	
Swanswell	..	11555	11401	..	..	246	97	8·5	113	255	22·3	28	109·8	
Bablake	..	5732	5913	1	2	181	87	14·7	174	226	38·2	17	75·2	
Cheylesmore	7445	7573	1	4	128	99	130	17·2	182	24·0	17	93·4	108·7	
Hearsall	..	20558	21262	61	3	704	133	6·2	8·8	395	18·5	24	60·7	70·4
Grey Friars	6476	6592	..	..	8	116	74	11·2	138	175	26·5	13	74·2	102·9
Hill Fields	..	9213	9404	..	..	191	95	10·1	10·5	213	22·6	19	89·2	104·5
All Saints	..	6705	6875	..	..	170	72	10·4	14·1	187	27·2	17	90·9	100·9
St. Mary's	..	6006	6098	..	..	92	90	16·4	16·5	134	21·9	15	111·9	111·2
Stoke	..	25894	26593	17	..	699	203	7·6	9·1	606	22·7	35	57·7	67·9
		136000	140000	212	20	4000	1272	9·0	11·5	*3256	23·2	247	76·0	86·6

* This number is reduced to 3250 after the deduction of 25 outward transfers and the addition of 19 inward transfers.

† Or ceased to be used as dwelling houses.

Marriages.

The number of marriages has been 1,342. This gives a marriage rate of 19.1.

The average for the previous ten years was 18.1.

The following table shows the relation with the figures of previous years, and with the marriage rate for the country generally:—

Year.	No. of Marriages	Rate.	Rate for England.
1908	778	17.0	14.9
1909	796	17.0	14.6
1910	886	17.4	14.8
1911	938	17.4	15.2
1912	959	17.2	15.5
1913	1026	17.8	15.5
1914	1091	18.2	15.9
1915	1282	20.8	19.3
1916	1184	18.6	15.4
1917	1155	17.7	13.8
1918	1237	18.6	15.3
1919	1236	18.1	19.7
1920	1342	19.1	20.1

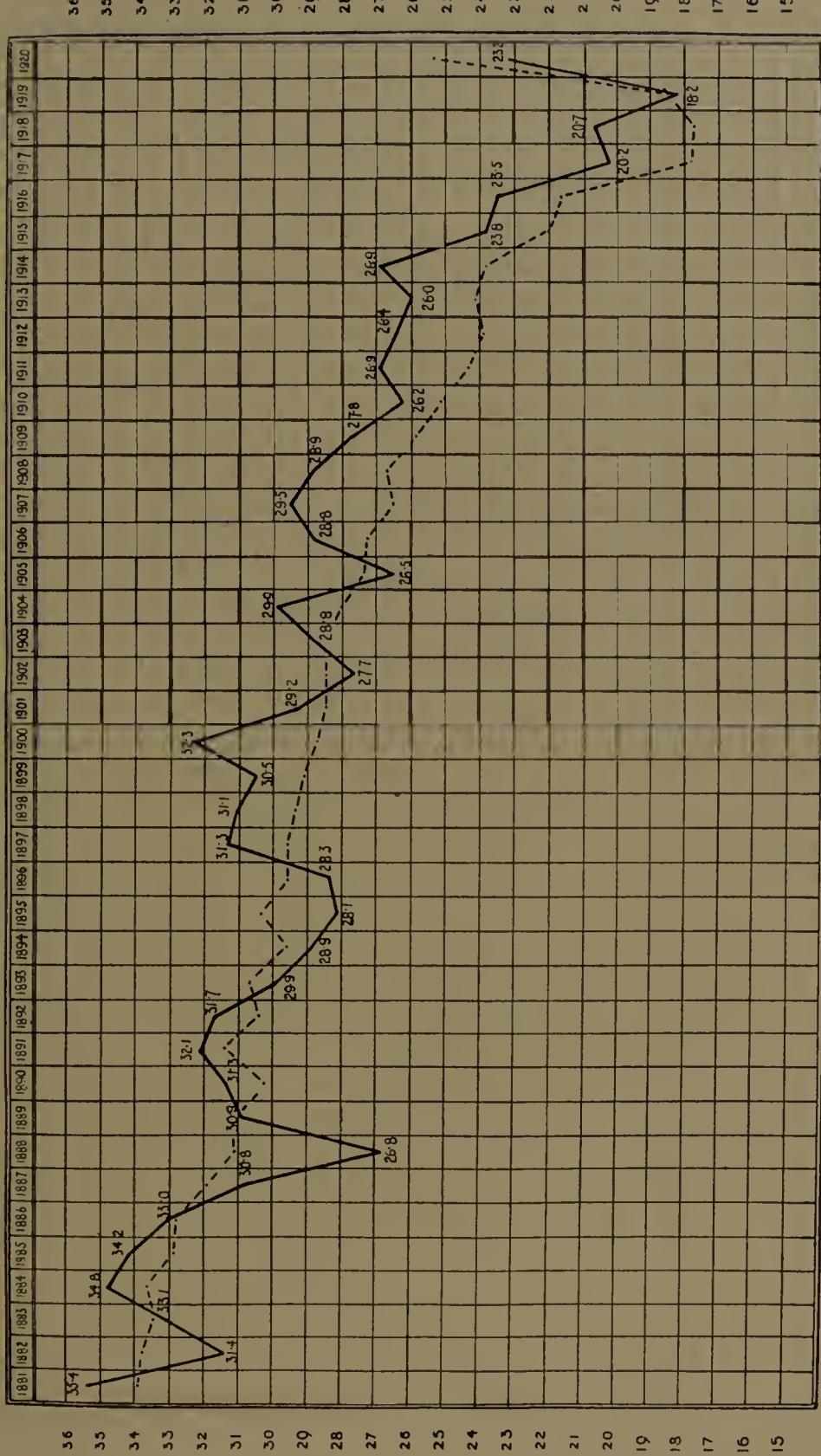
Births.

There were 3,256 births registered as having taken place during the year within the City; 25 of these were transferred out, and 19 occurring elsewhere were transferred here, leaving 3,250. The birth rate for the year has been 23.2 per 1,000 of the estimated civilian population; the rate calculated upon the estimated birth rate population, which according to the Registrar-General was 137,470 for 1920, was 23.8. The average rate for the previous ten years was 23.8. There were 100 illegitimate births registered, or 3.3 per cent. of the total. In 1919 the percentage was 3.8, and in 1918, 5.2.

The birth rate is compared with that for the whole of England and Wales in the following table:—

Year.	No. of Births	Birth Rate	Rate for England and Wales.
1908	2630	28.9	26.5
1909	2601	27.8	25.6
1910	2674	26.2	24.8
1911	2886	26.9	24.4
1912	2943	26.4	23.8
1913	2999	26.0	23.9
1914	3203	26.9	23.8
1915	2936	23.8	21.8
1916	2993	23.5	21.6
1917	2635	20.2	17.7
1918	2766	20.7	17.7
1919	2486	18.2	18.5
1920	3250	23.2	25.4

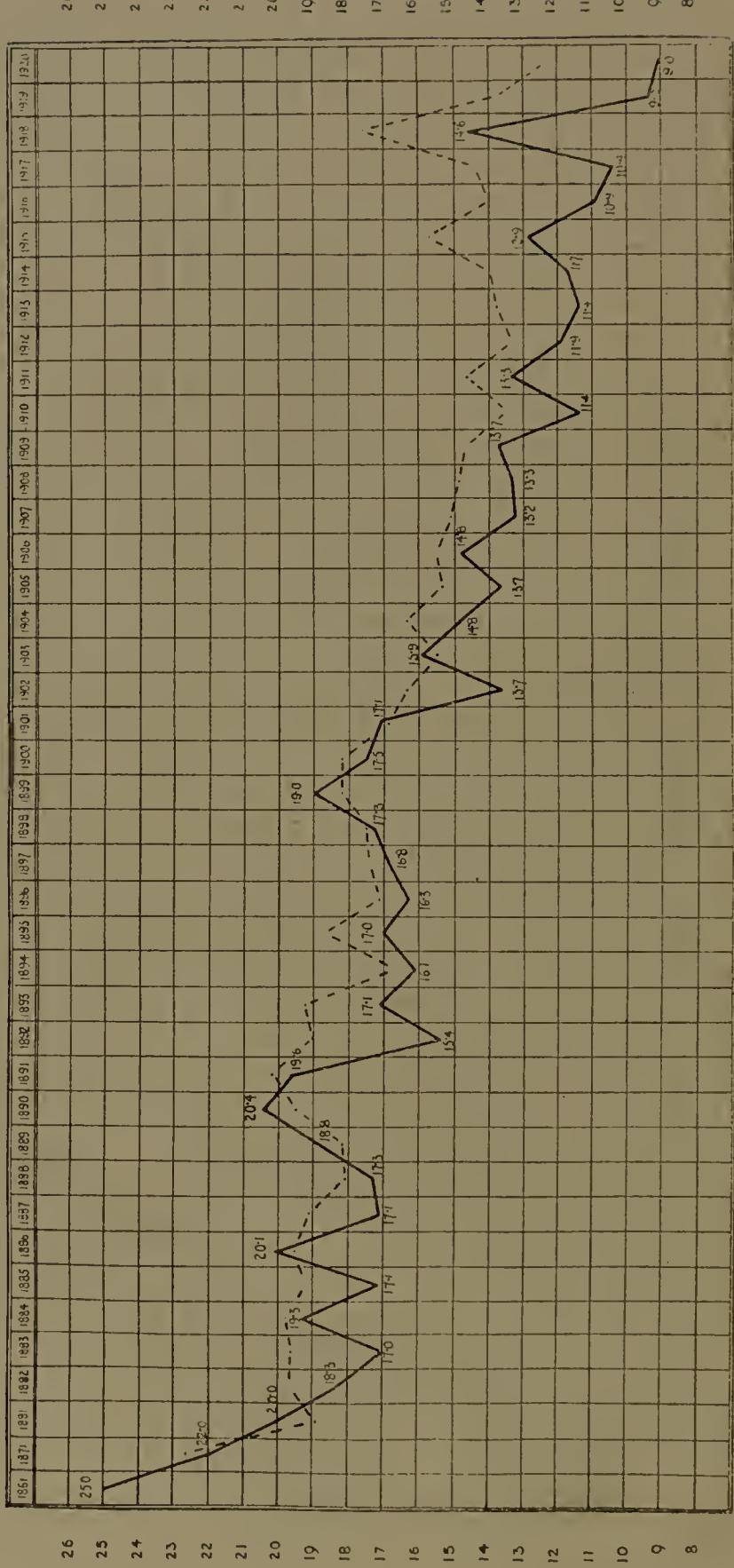
CHART SHOWING DECLINE OF COVENTRY BIRTH RATE
SINCE 1881.



The black line shows the Birth Rate for Coventry.

The dotted line shows the Birth Rate for England and Wales.

CHART SHOWING DECLINE OF COVENTRY DEATH RATE
SINCE 1861.



Decennial Average.

The black line shows the Death Rate for Coventry.

The dotted line shows the Death Rate for England and Wales.

Deaths.

There have been 1,264 deaths registered as having taken place during the year within your City; of these, 52 were deaths of non-residents; these have been referred to the districts in which the persons ordinarily resided; and there were 60 deaths of residents which occurred elsewhere; these have to be added to the above number. The actual number of deaths, therefore, which has to be regarded in estimating the death rate is 1,272. This gives a recorded death rate of 9.0 per thousand of the population. On page 28 is represented a table showing the weekly variations in the uncorrected death rates for the expired portions of each year for the past ten years.

It is unnecessary for me to inform your Council that nothing approaching this figure has ever before been attained in this City.

The lowest figure hitherto reached was 9.3 in 1919; the average for the previous ten years 1909-1918 was 12.2, the average for the prior ten years 1899-1908 was 15.3, and for the preceding ten years 1889-1898, 17.4.

The figures of the Registrar-General are also now available. He estimates the Coventry population of 1919 (for death rate purposes) at 137,310, and the number of registrations of death at 1,233; this population is about 3,000 below my estimate. Based on this figure, the death rate of Coventry, according to the Registrar-General, is 9.0.

In my report for 1919 I drew attention to some of the important advantages obtained by the record death rate of that year. Those remarks apply equally to the still lower rate of 1920.

The table given on page 25 shows how this record compares with that of the other 96 great towns of England and Wales. It will be seen that in all cases save three the death rate is higher than that of Coventry; and that those three areas are residential districts near London, in no sense comparable with the self-contained great towns.

The following table shows the mean age at death of the persons who died in the past twenty-six years:—

Year.	Total Deaths.	Total completed Years Lived.	Mean Age at Death.
1920	1272	51289	40·3
1919	1267	51753	40·5
1918	1947	81116	41·6
1917	1354	56414	41·6
1916	1395	49973	35·8
1915	1595	59807	37·5
1914	1399	55635	39·7
1913	1318	48110	36·5
1912	1330	49040	36·8
1911	1431	50873	35·4
1910	1162	44595	38·3
1909	1285	46589	36·2
1908	1217	45744	37·5
1907	1152	42072	36·5
1906	1247	45236	36·2
1905	1114	41866	38·0
1904	1132	39623	35·0
1903	1188	43270	36·4
1902	1007	36743	36·4
1901	1203	39709	33·0
1900	1223	42687	34·5
1899	1182	40156	36·5
1898	1060	29858	28·1
1897	1037	35045	33·8
1896	965	33544	34·7
1895	953	33486	35·1

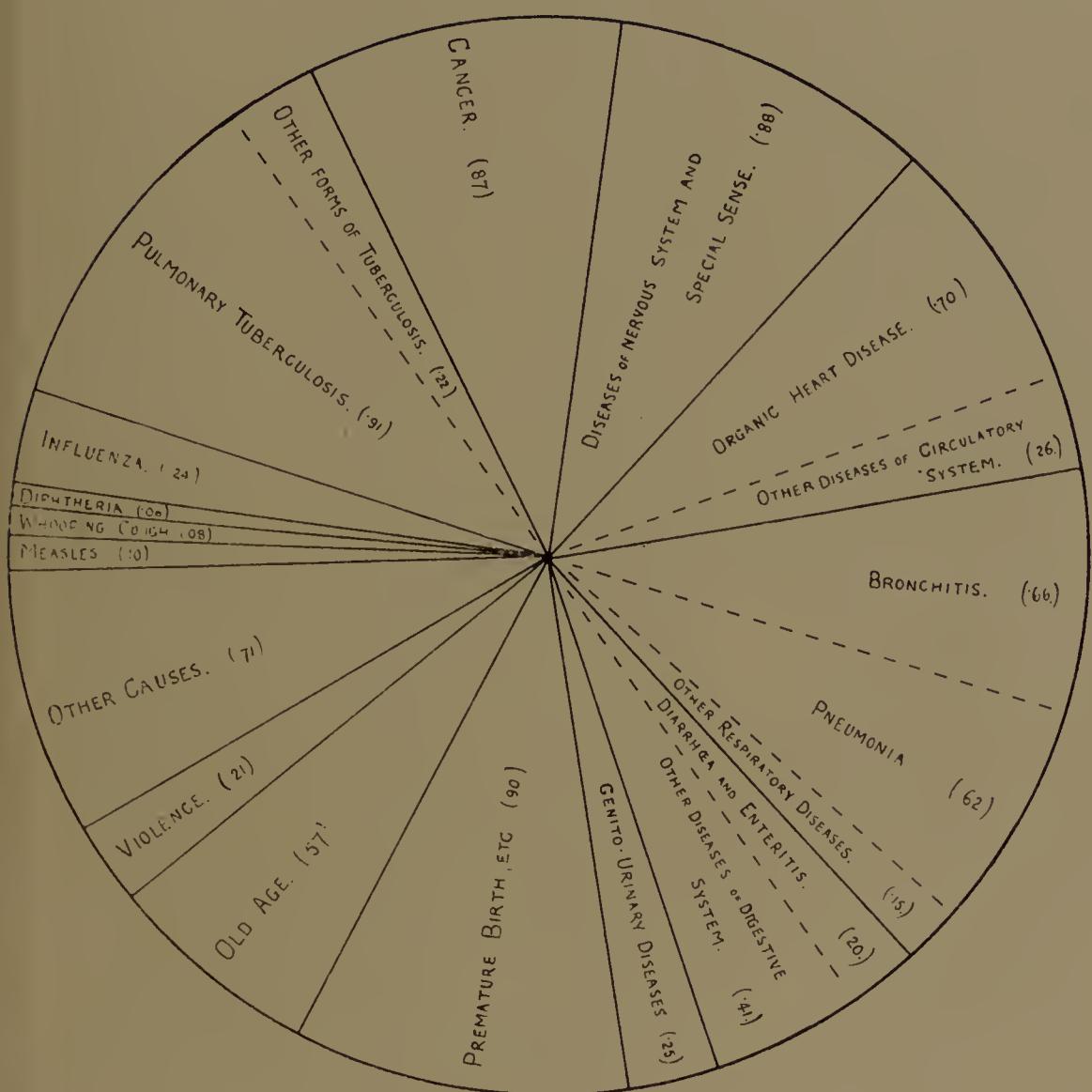
To compare the "Recorded" death rate with that of other towns, it is necessary to make allowance for the difference in age and sex constitution of the different towns. This is done by obtaining from the "Standard" * death rate of each town the "Factor for Correction." † The "Factor for Correction" for Coventry is 1.0671; the recorded death rate is then multiplied by this factor for correction, and the resulting figure is the "Corrected" death rate. The corrected death rate of Coventry in 1920 was 9.6; this is in excess (.6) of the recorded death rate, which is another way of saying that in Coventry the sex and age constitution of the population is so circumstanced that it tends to the advantage of Coventry, so far as the actual death rate recorded is concerned.

The death rate for England and Wales was ...	12.4
" " the 96 great towns was ...	12.5
" " the 148 smaller towns was ...	11.3

* The "Standard" death rate signifies the rate at all ages calculated on the hypothesis that the rates for each sex at each of twelve age-periods in each town were the same as in England and Wales during the ten years 1901-1911.

† The "Factor for Correction" is obtained by dividing the "Standard" death rate in England and Wales by the "Standard" death rate in each town, and is the figure by which the "Recorded" death rate should be multiplied in order to correct for variations of sex and age distribution. This gives the "Corrected" death rate.

PROPORTIONS OF DEATHS FROM PRINCIPAL CAUSES TO TOTAL DEATHS, 1920.



THE TOTAL DEATH-RATE FROM ALL CAUSES WAS - 9.0.

The following table gives an interesting comparison between the Birth Rate, Death Rate, and the Infant Mortality for 1920, of the 96 great towns in England and Wales :—

TOWNS AND BOROUGHS.	BIRTH-RATE per 1,000 total population.	DEATH-RATE per 1,000 civilian population.	INFANT MORTALITY per 1,000 births.	TOWNS AND BOROUGHS.	BIRTH-RATE per 1,000 total population.	DEATH-RATE per 1,000 civilian population.	INFANT MORTALITY per 1,000 births.
London - - -	26.5	12.4	75	Derby - - -	25.8	10.5	72
Croydon - - -	23.0	10.8	62	Stockport - - -	22.0	12.4	97
Wimbledon - - -	17.9	8.8	62	Birkenhead - - -	27.8	12.5	101
Ealing - - -	18.8	8.9	49	Wallasey - - -	18.5	9.2	67
Acton - - -	22.5	10.1	68	Liverpool - - -	31.2	15.7	111
Willesden - - -	25.2	9.8	65	Bootle - - -	28.4	13.5	96
Hornsey - - -	16.1	9.1	57	St. Helens - - -	30.9	13.1	114
Tottenham - - -	25.5	9.7	64	Southport - - -	17.2	12.3	50
Edmonton - - -	27.9	9.5	62	Wigan - - -	30.1	15.7	128
Enfield - - -	22.2	9.7	55	Warrington - - -	28.8	11.6	88
West Ham - - -	33.0	12.7	72	Bolton - - -	22.7	13.6	98
East Ham - - -	23.0	9.6	65	Bury - - -	19.7	13.9	93
Leyton - - -	22.8	9.9	69	Manchester - - -	25.5	13.0	94
Walthamstow - - -	23.9	9.6	62	Salford - - -	26.8	12.7	97
Ilford - - -	19.9	8.9	56	Oldham - - -	23.3	14.7	106
Gillingham - - -	28.8	11.1	50	Rochdale - - -	20.4	13.0	94
Hastings - - -	18.9	13.7	52	Burnley - - -	23.3	13.7	126
Eastbourne - - -	19.6	9.8	56	Blaeburn - - -	21.5	13.4	110
Brighton - - -	22.7	12.0	65	Preston - - -	24.6	13.4	101
Portsmouth - - -	25.9	11.1	60	Blaekpool - - -	16.8	13.3	69
Bournemouth - - -	16.7	10.7	43	Barrow-in-Furness - - -	25.6	11.3	76
Southampton - - -	24.2	11.5	68	Huddersfield - - -	18.0	12.6	80
Reading - - -	23.8	10.2	64	Halifax - - -	18.9	13.2	97
Oxford - - -	18.4	9.2	54	Bradford - - -	20.7	13.1	92
Northampton - - -	24.9	11.4	72	Leeds - - -	25.6	14.3	105
Cambridge - - -	20.5	9.2	38	Dewsbury - - -	23.3	14.0	109
Southend-on-Sea - - -	20.7	10.4	50	Wakefield - - -	26.8	13.9	86
Ipswich - - -	24.8	11.5	70	Barnsley - - -	32.6	14.1	127
Great Yarmouth - - -	27.8	12.0	62	Sheffield - - -	26.6	13.2	104
Norwich - - -	24.9	12.0	75	Rotherham - - -	28.0	11.2	98
Swindon - - -	22.9	11.2	66	York - - -	27.7	12.3	62
Exeter - - -	23.5	11.6	62	Hull - - -	29.2	13.2	98
Plymouth - - -	26.3	13.8	76	Middlesbrough - - -	33.4	15.1	137
Bath - - -	19.5	11.7	49	Darlington - - -	26.1	12.0	89
Bristol - - -	25.7	11.7	69	Stockton-on-Tees - - -	33.3	15.1	107
Gloucester - - -	27.3	12.4	61	West Hartlepool - - -	31.6	14.4	102
Stoke-on-Trent - - -	31.1	12.7	98	Sunderland - - -	35.0	15.8	103
Wolverhampton - - -	28.5	12.3	87	South Shields - - -	33.7	16.7	123
Walsall - - -	30.7	12.9	101	Gateshead - - -	32.1	14.2	112
West Bromwich - - -	32.5	13.3	108	Newcastle-on-Tyne - - -	29.4	13.8	96
Dudley - - -	30.3	14.1	105	Tynemouth - - -	31.7	15.5	93
Birmingham - - -	28.0	12.6	83	Carlisle - - -	24.6	11.8	78
Smethwick - - -	26.2	9.9	80	Newport (Mon.) - - -	28.9	11.8	76
Coventry - - -	23.8	9.0	74	Cardiff - - -	24.7	10.7	82
Leicester - - -	24.0	11.5	87	Rhondda - - -	27.3	11.7	104
Lincoln - - -	23.0	11.0	75	Merthyr Tydfil - - -	29.7	13.6	83
Grimsby - - -	28.9	13.3	91	Aberdare - - -	27.6	12.8	100
Nottingham - - -	25.9	12.9	95	Swansea - - -	24.7	11.8	89

TABLE III. M. OF H.—CAUSES OF, AND AGES AT DEATH DURING
YEAR 1920.

		Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District (a).											Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District (b).													
		All ages.			Under 1 year.			1 and under 2.			2 and under 5.			5 and under 15.			15 and under 25.			25 and under 45.			45 and under 65.			Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District (b).
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
All causes	Certified (c)	1255	240	39	36	40	60	207	301	332	337	337	337	337	337	337	337	337	337	337	337	337	337	337	337	
	Uncertified	17	7	..	1	1	..	1	3	4	
Enteric Fever	
Small Pox		
Measles	14	2	8	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever	2	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough	12	7	2	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Croup	9	..	1	4	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza	34	1	3	2	2	1	17	6	2	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas		
Phtisis (Pulmonary Tuberculosis)	128	..	1	3	3	24	65	28	4	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculous Meningitis	12	1	3	2	4	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases	20	..	..	3	1	4	7	5	..	..	..	..	..	..	..	..	..	..	..	..	..
Cancer, malignant disease	122	1	..	..	..	1	8	64	48	..	..	..	..	..	..	..	..	..	..	..	..
Rheumatic Fever	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis (See note (d))	10	2	1	3	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Organic Heart Disease	99	..	..	..	3	2	18	38	38	..	..	..	..	..	..	..	..	..	..	..	..
Bronchitis	93	18	1	2	..	..	5	21	46	19	..	..	..	..	..	..	..	..	..	..	..
Pneumonia (all forms)	88	24	8	5	4	3	19	14	11	9	..	..	..	..	..	..	..	..	..	..	..
Other diseases of Respiratory organs	22	..	..	..	2	..	5	8	7	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhoea and Enteritis. (See note (e))	28	19	4	1	..	..	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..
Appendicitis and Typhilitis	15	..	..	1	2	4	6	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Cirrhosis of Liver	4	..	..	..	..	..	..	3	1	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholism	7	..	..	..	..	..	..	2	4	1	..	..	..	..	..	..	..	..	..	..	..
Nephritis and Bright's Disease	23	..	..	..	..	3	6	12	7	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever	4	..	..	..	..	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other accidents and diseases of Pregnancy and Parturition	4	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Congenital Debility and Malformation, including Prematurity Birth	137	186	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Violent Deaths, excluding Suicide	22	5	1	..	3	..	7	5	1	..	..	..	..	..	..	..	..	..	..	..	..
Suicide	8	..	..	..	..	..	1	5	2	..	..	..	..	..	..	..	..	..	..	..	..
Other Defined Diseases	328	31	6	4	9	9	28	76	165	111	..	..	..	..	..	..	..	..	..	..	..
Diseases ill-defined or unknown	21	..	..	..	1	..	7	10	3	10	..	..	..	..	..	..	..	..	..	..	..
		1272	247	39	37	41	60	208	304	336	337	337	337	337	337	337	337	337	337	337	337	337	337			
Sub Entries included in above figures.																										
14A. Cerebro-spinal Meningitis		
28A. Poliomyelitis		
*Lobar Pneumonia	21	1	1	1	1	1	7	7	2	..	..	..	..	..	..	..	..	..	..	..
*Pneumonia (type not stated)	31	6	..	1	2	1	10	4	7	2	..	..	..	..	..	..	..	..	..	..

* Sub-Entries should here be made for other deaths which it is desirable to distinguish on account of their administrative importance or special interest (e.g., any deaths from Anthrax, Typhus or Glanders, which have been included under 28, "Other Defined Diseases" or deaths from pneumonia other than broncho-pneumonia which have been included under 17, *Pneumonia all forms*).

NOTES TO TABLE III.

The classification and numbering of Causes of Death are those of the "Short List" on page XXV. of the Manual of the International List of Causes of Death.

- (a) All "Transferable Deaths" of residents, *i.e.*, of persons resident in the district who have died outside it, are *included* with the other deaths in columns 2-10. Transferable deaths of non-residents, *i.e.*, of persons resident elsewhere in England and Wales who have died in the district, are in like manner *excluded* from these columns. For the precise meaning of the term "transferable deaths" see footnote to Table I.

The total deaths in column 2 of Table III. equal the figures for the year in column 12 of Table I.

- (b) All deaths occurring in institutions for the sick and infirm situated within the district, whether of residents or of non-residents, are entered in the last column of Table III.
- (c) All deaths certified by registered Medical Practitioners and all Inquest cases are classed as "Certified"; all other deaths are regarded as "Uncertified."
- (d) Exclusive of "Tuberculous Meningitis" (10), but inclusive of Cerebro-Spinal Meningitis.
- (e) Title 19 is used for deaths from Diarrhoea and Enteritis at all ages. (In the "Short List" deaths from Diarrhoea and Enteritis under 2 years are included under Title 19; those at 2 years and over being placed under Title 28).

Death Rate.

From 1st of January each year to the end of each week, or to the Saturday nearest to the date mentioned in the first column for the past 10 years.

Week	Date	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	Average for past 10 years
	Jan.											
1	" 7	13.1	9.8	8.7	10.5	11.5	11.0	11.1	10.9	11.1	8.8	10.6
2	" 14	14.0	13.6	10.3	16.8	12.9	12.9	11.6	10.9	9.3	12.3	
3	" 21	15.0	13.7	12.0	16.7	11.8	12.6	10.6	10.6	8.9	12.3	
4	" 28	16.4	14.5	13.1	17.6	12.3	12.8	11.3	9.0	8.4	12.6	
	Feb.											
5	" 4	15.7	14.8	14.8	17.7	13.3	12.6	11.6	9.7	10.2	8.4	12.8
6	" 11	16.2	15.4	15.5	16.2	13.6	12.9	12.0	10.1	10.4	8.7	13.1
7	" 18	16.1	15.3	16.0	16.5	14.5	13.2	13.5	10.1	10.0	9.4	13.4
8	" 25	15.7	14.6	16.0	15.6	14.7	13.0	13.4	10.2	10.2	9.9	13.3
	Mar.											
9	" 4	15.4	14.1	15.7	15.1	15.2	12.9	12.9	10.3	10.4	8.8	13.1
10	" 11	15.1	13.8	15.2	15.0	14.9	12.9	12.7	10.2	10.8	10.0	13.0
11	" 18	15.5	13.9	15.9	14.8	15.1	12.5	12.8	10.3	11.1	10.2	13.2
12	" 25	15.6	14.0	15.4	14.5	14.8	12.8	12.4	10.4	11.1	10.1	13.1
	April											
13	" 1	15.9	14.3	15.1	14.5	14.8	12.7	12.4	10.3	10.1	10.2	13.1
14	" 8	15.8	13.9	14.6	14.4	14.1	12.5	12.5	10.6	10.9	10.2	12.9
15	" 15	15.6	13.5	14.1	14.0	15.4	12.6	12.5	10.7	10.9	10.3	12.9
16	" 22	15.2	13.3	13.8	14.0	15.7	12.6	12.7	10.7	10.9	10.4	12.9
17	" 29	14.7	13.1	13.7	13.8	15.7	12.6	12.6	10.8	10.9	10.2	12.8
	May											
18	" 6	14.7	13.0	13.7	13.5	15.6	12.5	12.4	10.9	10.7	10.2	12.7
19	" 13	14.6	13.1	13.7	13.3	15.4	12.4	12.3	10.9	10.5	10.0	12.6
20	" 20	14.2	12.8	13.4	13.4	15.2	12.2	12.0	10.8	10.6	9.9	12.4
21	" 27	14.2	12.2	13.3	13.3	15.0	12.1	11.8	10.6	10.4	9.8	12.2
	June											
22	" 3	14.0	12.6	13.2	13.1	14.8	12.1	11.6	10.5	10.2	9.7	12.1
23	" 10	13.8	12.5	13.0	13.2	14.5	11.9	11.6	10.5	10.1	9.6	12.0
24	" 17	13.8	12.6	12.9	13.1	14.5	11.7	11.4	10.3	10.0	9.6	11.9
25	" 24	13.8	12.4	12.7	12.9	14.2	11.7	11.2	10.2	9.8	9.4	11.8
	July											
26	" 1	13.7	12.3	12.6	12.9	14.0	11.6	11.2	10.2	9.7	9.4	11.7
27	" 8	13.7	12.0	12.5	12.7	13.9	11.4	11.1	10.3	9.6	9.2	11.6
28	" 15	13.5	12.0	12.5	12.6	13.7	11.3	11.0	10.3	9.5	9.2	11.5
29	" 22	13.4	11.7	12.4	12.5	13.6	11.2	10.9	10.3	9.3	9.2	11.4
30	" 29	13.3	11.5	12.3	12.4	13.5	11.0	10.9	10.3	9.2	9.1	11.3
	Aug.											
31	" 5	13.3	11.0	12.1	12.2	13.4	10.9	10.7	10.2	9.1	9.0	11.1
32	" 12	13.2	11.3	12.0	12.1	13.2	10.8	10.6	10.0	9.9	8.9	11.1
33	" 19	13.3	11.3	11.9	12.2	13.0	10.7	10.5	10.1	8.9	8.8	10.1
34	" 26	13.6	11.2	11.8	12.0	12.9	10.6	10.4	10.0	8.8	8.8	10.1
	Sept.											
35	" 2	13.6	11.2	11.7	11.9	12.9	10.4	10.4	10.0	8.7	8.9	10.0
36	" 9	13.7	11.3	11.7	12.0	12.7	10.4	10.2	10.0	8.6	8.8	10.0
37	" 16	13.8	11.0	11.6	11.9	12.7	10.3	10.1	9.9	8.6	8.7	10.8
38	" 23	13.8	11.3	11.5	11.8	12.6	10.2	10.0	10.0	8.5	8.7	10.8
39	" 30	13.7	11.2	11.5	11.8	12.6	10.3	10.0	9.8	8.5	8.6	10.8
	Oct.											
40	" 7	13.6	11.1	11.4	11.7	12.7	10.1	10.0	9.8	8.5	8.6	10.7
41	" 14	13.6	11.0	11.5	11.7	12.6	10.1	10.2	9.9	8.8	8.5	10.7
42	" 21	13.5	11.1	11.5	11.6	12.6	10.1	10.9	9.7	8.5	8.6	10.7
43	" 28	13.4	11.1	11.4	11.6	12.5	10.1	10.9	9.8	8.6	8.5	10.6
	Nov.											
44	" 4	13.3	11.2	11.4	11.5	12.6	10.1	10.1	9.9	8.4	8.6	10.7
45	" 11	13.3	11.3	11.4	11.4	12.6	10.0	10.0	9.9	8.7	8.5	10.8
46	" 18	13.2	11.4	11.4	11.4	12.7	10.1	10.1	9.9	8.7	8.5	10.9
47	" 25	13.1	11.4	11.3	11.4	12.6	10.2	10.2	9.9	8.7	8.4	11.1
	Dec.											
48	" 2	13.1	11.1	11.3	11.2	12.7	10.3	9.8	13.0	8.8	8.5	11.1
49	" 9	13.0	11.5	11.2	11.4	12.8	10.4	9.7	14.1	8.8	8.4	11.1
50	" 16	13.0	11.6	11.3	11.4	12.7	10.5	9.8	14.1	9.0	8.4	11.1
51	" 23	13.0	11.6	11.3	11.4	12.7	10.7	9.8	14.0	8.9	8.5	11.1
52	" 30	13.0	11.7	11.2	11.4	12.8	10.9	9.9	13.9	8.9	8.6	11.2

TABLE IV. M. OF H.—**Infant Mortality** DURING THE YEAR 1920.

Nett Deaths from stated Causes at various Ages under One Year.

CAUSE OF DEATH.		Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under One Year.
All Causes.	{ Certified	74	13	12	13	112	54	33	26	15	240
	{ Uncertified	6	...	...	1	7	...	...	...	...	7
Small-pox
Chicken-pox
Measles	1	1	...	...	...	1	2
Scarlet Fever
Whooping Cough	5	1	1	...	7
Diphtheria and Croup
Erysipelas
Tuberculous Meningitis	1	...	...	1
Abdominal Tuberculosis (b)
Other Tuberculous Diseases
Meningitis (not Tuberculous)	2	...	...	2
Convulsions	3	1	1	6	...	...	1	7
Laryngitis
Bronchitis	1	1	9	4	3	18
Pneumonia (all forms)	4	4	8	8	24
{ Diarrhoea	2	2	1	...	1	4
Enteritis	1	1	1	3	6	2	3	15
Gastritis	1	...	1
Syphilis	2	...	...	2	...	2	...	4
Rickets
Suffocation, overlying	1	...	...	1	2	...	2	...	4
Injury at Birth	3	...	...	...	3	1	...	...	4
Atelectasis	3	...	...	...	3	...	...	...	3
Congenital Malformations (c)	...	6	2	1	...	9	5	4	...	...	18
Premature Birth	...	48	4	5	3	60	5	...	...	...	65
Atrophy, Debility and Marasmus	...	10	4	2	2	18	21	9	3	2	53
Other Causes	...	3	1	1	1	6	1	2	4	2	15
Totals	...	80	13	12	14	119	54	33	26	15	247 (a)

Nett Births in the year :— { Legitimate, 3,141 } Illegitimate, 109 } 3,250.

Nett Deaths in the year of { Legitimate Infants, 229 } Illegitimate Infants, 18 } 247.

NOTES TO TABLE IV.

- (a) The total in the last column of Table IV. equals the total in column 10 of Table I, and in column 3 of Table III.
- (b) Under Abdominal Tuberculosis are included deaths from Tuberculous Peritonitis and Enteritis and from Tabes Mesenterica.
- (c) The total deaths from Congenital Malformations, Premature Birth, Atrophy, Debility and Marasmus, equal the total in Table III. for ages under one year, under the heading Congenital Debility and Malformation, including Premature Birth.

Want of Breast Milk is included under Atrophy and Debility.

- (d) For references to the meaning of any other headings, see notes attached to Table III.

Infantile Mortality.

There were 247 deaths of Infants below one year of age; this gives a mortality per thousand births of 76.0. No lower figure than this has been recorded locally. The average mortality for the previous ten years was 87.6.

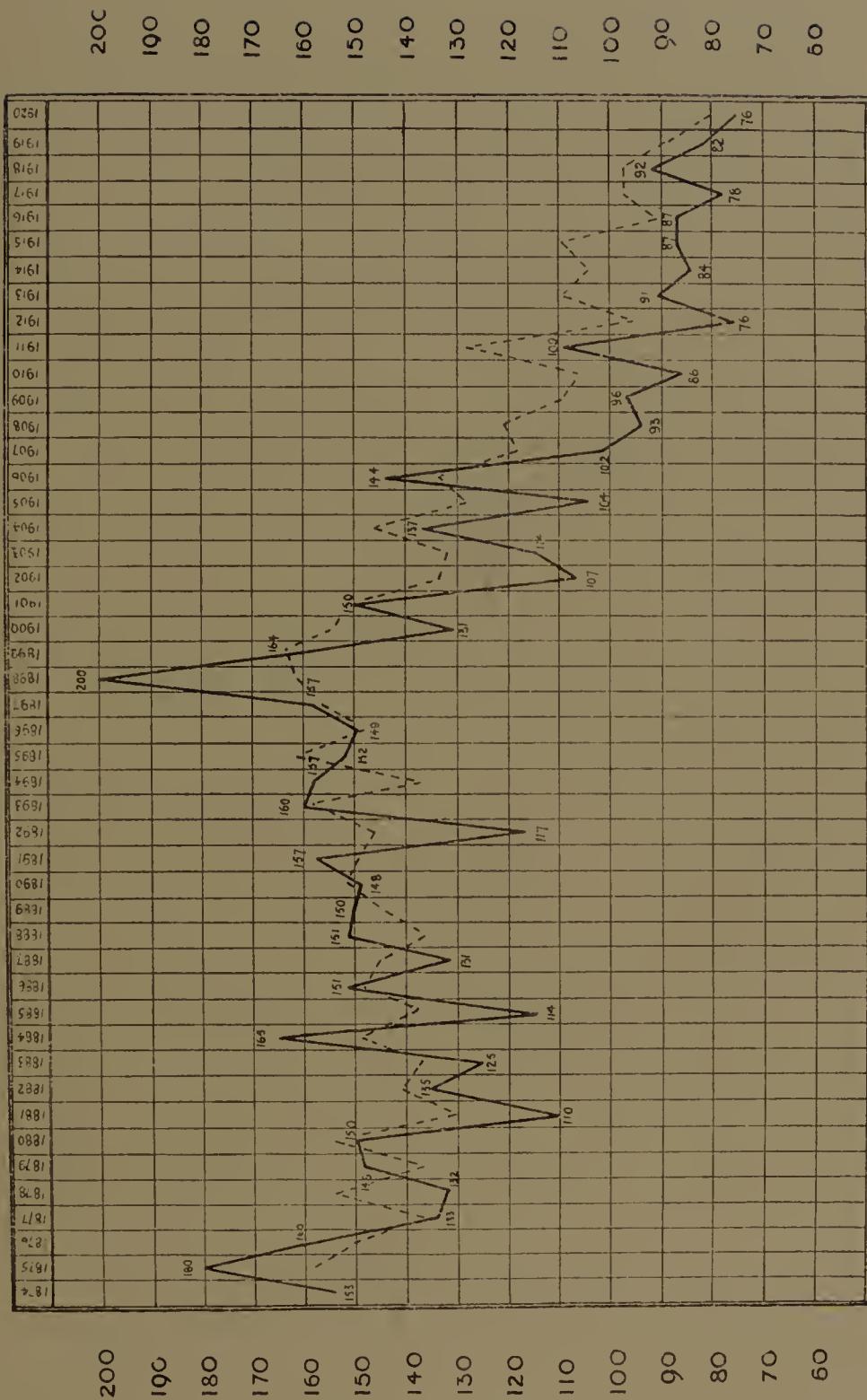
The following table shows, for the past twenty-seven years, the number of deaths of children under one year of age per thousand births in Coventry compared with England and Wales generally :—

Year.	England and Wales.	Coventry.	*Neo-natal death-rate.	Difference.
1894	137	157	—	—
1895	161	152	—	—
1896	148	149	—	—
1897	156	157	—	—
1898	161	200	—	—
1899	163	164	—	—
1900	154	131	—	—
1901	151	150	—	—
1902	133	107	—	—
1903	132	114	—	—
1904	146	137	—	—
1905	128	104	39.9	64.1
1906	133	144	40.1	103.9
1907	118	102	51.7	50.3
1908	121	93	36.1	56.9
1909	109	96	40.3	55.7
1910	106	86	40.7	45.3
1911	128	109	41.9	67.1
1912	95	76	36.0	40.0
1913	109	91.6	40.6	51.0
1914	104.8	84.6	36.5	48.1
1915	110.0	87.8	38.4	49.4
1916	91.0	87.5	37.4	50.1
1917	97.0	78.5	36.8	41.7
1918	97.0	92.5	37.5	55.0
1919	89.0	82.8	47.0	35.8
1920	80.0	76.0	36.6	39.4

The infantile mortality of the 96 great towns (including London) was 85; that of the 148 smaller towns, 80; and that in England and Wales, 80.

* By neo-natal death rate is meant the death rate among infants under four weeks of age. These infants include those over whom the activities of a Sanitary Authority can have little effect. The difference between that rate and the infant mortality rate represents the rate in children over four weeks and under one year.

CHART SHOWING INFANTILE MORTALITY PER 1000
BIRTHS IN COVENTRY SINCE 1874.



The black line represents the Infant Mortality Rate for Coventry.
The dotted line represents the Infant Mortality Rate for England and Wales.

Inquests.

Seventy-four inquests appear to have been held during the year. These include 8 deaths in the Coventry and Warwickshire Hospital of non-residents. In 33 instances the death was attributed to disease. In the others the originating cause, as indicated by the verdicts, was as follows :—Burns and scalds, 4; suicide, 7; accidents, 11; overlaying, 4; asphyxia, due to drink, 1; asphyxia (accidental), 1; murder, 1; inattention at birth, 1; intense cold, 1; refusal of food, 1; shock from attack by rats, 1.

Uncertified Deaths.

There were 17 uncertified deaths during the year, or 1.33 per cent. of the total number. Deaths are recorded as uncertified when no medical certificate is forthcoming concerning the cause of death, and when no inquest has been held.

Percentages of Total Deaths
Uncertified.

England and Wales	...	...	1.2
96 Great Towns (including London)	...	...	0.7
148 Smaller Towns	...	...	1.5
London	...	...	0.2

Poor Law Relief.

Mr. Evans, the Clerk to the Guardians, has kindly supplied me with the following figures relating to this subject :—

	£	s.	d.
Actual expenditure in out-door relief in 1920	15,221	16	10
Average yearly expenditure in out-door relief			
in previous five years	3,684	7	8
Increase on the average expenditure in out-			
door relief	11,537	9	2
Number of inmates of London Road Institution at end			
of year 1920	435		
Average number of inmates for previous five years	404		
Number of persons who received out-door relief in 1920	5,223		
Average number of persons who received out-door			
relief in previous five years	858		

These figures show that a considerable increase has occurred in the amount of pauperism the Guardians have been called on to deal with.

Medical Relief.

During the twelve months ended October 31st, 1920, the number of in-patients treated at the Coventry and Warwickshire Hospital was 2,804, with a daily average number of 182.3.

The total number of cases dealt with by the Coventry District Nursing Association during the year was 538. A small part of the city is provided with nurses by the Foleshill Nursing Association.

Pauper Sickness.

Returns are received from the Clerk to the Guardians each fortnight concerning the new cases of pauper sickness. In all, 398 such cases have been returned. These returns afford an indication of the amount and locality of illness among the poorest.

II. SANITARY CIRCUMSTANCES.

WATER.

Particulars of the various sources of the public water supply were set out in the Report for 1919 (p. 38-39). The desirability of covering in the tank at Spon End continues.

A Bill is being promoted in Parliament for the purchase of the undertaking of the North Warwickshire Water Co.

Regular bacteriological examinations are made of water from the various sources.

Your Waterworks Engineer kindly informs me that during the twelve months 1,081,369,019 gallons of water have been supplied from the public sources to the City; of this 356,310,278 gallons were supplied from Spon End, and 456,311,000 gallons from Shustoke; whilst 259,895,741 gallons have been supplied from Whitley; and 8,852,000 gallons by the North Warwickshire Water Co. He also informs me that 136 new services have been laid on to build and supply 524 houses and 33 other buildings; guarantees have been received for 673 and 87 various completed buildings respectively, in which are included 926 water-closets and 721 new baths.

The amount supplied gives an average consumption of 21.10 gallons per head per day. The comparison of this figure with that of previous years is given below.

	Amount supplied per day.	Estimated popu- lation served.	Amount per head per day
1897	1,420,000 gals	61,234	23 gals.
1898	1,577,207 ..	61,555	25 ..
1899	1,723,926 ..	61,796	27 ..
1900	1,896,106 ..	62,037	30 ..
1901	1,649,292 ..	62,200	25 ..
1902	1,670,749 ..	67,330	25 ..
1903	1,678,461 ..	72,550	23 ..
1904	1,633,098 ..	75,250	21 ..
1905	1,775,229 ..	78,917	22 ..
1906	1,913,430 ..	82,600	23 ..
1907	1,873,153 ..	85,800	21 ..
1908	1,896,191 ..	90,000	21 ..
1909	1,962,625 ..	93,500	21 ..
1910	1,923,921 ..	102,000	18·8 ..
1911	2,067,443 ..	107,287	19·2 ..
1912	2,087,762 ..	111,166	18·7 ..
1913	2,221,279 ..	115,064	19·3 ..
1914	2,260,621 ..	119,003	19·1 ..
1915	2,254,404 ..	122,982	18·3 ..
1916	2,529,062 ..	127,089	19·8 ..
1917	2,654,611 ..	130,000	20·5 ..
1918	3,172,301 ..	133,000	23·8 ..
1919	3,138,633 ..	136,000	23·0 ..
1920	2,954,560 ..	140,000	21·1 ..

Results of Analyses expressed in parts per 100,000.**SHUSTOKE.**

Date of Receipt of Sample.	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness.			Remarks.
							Tempo- rary.	Perma- nent.	Total.	
1920.										
Jan. 10	0.000	0.008	2.4	0.110	0.064	36	7.6	19.6	27.2	Bright, few small particles
Feb. 10	0.000	0.008	2.6	0.220	0.081	33	9.5	13.7	23.2	Do. do.
Mar. 10	trace	0.008	2.4	0.160	0.066	37	9.3	10.9	20.2	Do. many small particles
April 15	trace	0.008	2.4	0.160	0.056	38	11.0	11.5	22.5	Do. few small particles
May 13	0.000	0.008	2.4	0.110	0.065	33	6.1	11.7	17.8	Do. few do.
June 7	0.000	0.008	2.3	0.110	0.044	31	5.7	12.3	18.0	Do. few do.
July 8	0.000	0.008	2.4	0.160	0.062	30	5.0	11.4	16.4	Do. few do. trace free chlorine
Aug. 13	0.001	0.008	3.1	trace	0.087	26	2.8	10.5	13.4	Bright and clear
Sept. 15	0.000	0.008	2.6	0.110	0.088	30	6.1	9.1	15.2	Bright, few small particles
Oct. 15	0.002	0.014	2.6	0.220	0.011	28	5.8	7.0	12.8	Do. many do.
Nov. 11	0.002	0.022	2.2	0.110	0.212	32	11.4	16.1	27.5	Do. few do.
Dec. 13	0.002	0.008	2.3	trace	0.109	40	5.6	12.4	18.0	Do. few do.

NORTH WARWICKSHIRE WATER CO.

Date of Receipt of Sample.	Free and Saline Ammonia.	Organic Ammonia	Chlorine in Chlorides	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness.			Remarks.
							Tempo- rary.	Perma- nent.	Total.	
1920.										
Jan. 8	0.000	0.002	2.0	0.220	0.005	32	11.9	13.7	25.6	Bright, few small particles
Feb. 9	0.000	0.002	2.0	0.160	0.008	43	11.0	16.6	27.6	Do. do.
Mar. 9	0.000	0.002	2.1	0.110	0.010	36	10.0	15.6	25.6	Bright and clear
April 12	0.000	0.002	2.2	0.220	0.008	44	11.2	13.4	24.6	Bright, few small particles
May 10	0.000	0.002	2.0	0.160	0.008	35	10.7	12.6	23.3	Do. do.
June 2	0.000	0.002	2.4	0.110	0.004	38	13.3	10.0	23.3	Do. do.
July 1	0.000	trace	2.0	0.220	0.002	41	8.2	10.4	18.6	Do. do.
Aug. 10	trace	0.004	2.3	0.110	0.004	40	14.8	14.7	29.5	Bright and clear
Sept. 13	trace	0.006	2.4	0.110	0.011	44	14.0	14.6	28.6	Bright, few small particles
Oct. 14	0.001	0.002	1.9	0.220	0.000	46	10.2	11.2	21.4	Do. do.
Nov. 9	0.000	0.006	2.0	0.110	0.018	44	7.8	13.2	21.0	Do. do.
Dec. 13	trace	0.005	2.0	trace	0.005	42	6.9	13.4	20.3	Do. do.

DOEBANK WELL, SPON END.

Date of Receipt of Sample.	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness.			Remarks.
							Tempo- rary.	Perma- nent.	Total.	
1920.										
Jan. 29	0·000	0·001	2·4	0·220	0·002	46	14·7	11·5	26·2	Bright, few small particles
April 29	0·000	0·006	2·2	0·160	0·028	46	10·8	14·2	25·0	Bright, many small particles
May 17	0·002	0·004	2·2	0·440	0·012	49	15·6	11·6	27·2	Pretty clear, many large particles, yellowish
Aug. 12	trace	0·004	2·5	0·330	0·003	44	17·7	11·6	29·3	Bright, few small particles
Nov. 8	0·002	0·008	2·4	0·220	0·034	52	9·8	11·4	21·2	Bright, many small particles

TANK, SPON END.

1920.										
Jan. 29	trace	0·001	2·4	0·160	0·005	48	14·1	11·1	25·2	Bright, few small particles
April 29	0·000	0·002	2·0	0·220	0·008	45	10·3	13·6	23·9	Bright, many small particles
Aug. 12	0·001	0·006	2·8	0·550	0·003	48	17·0	12·5	29·5	Bright, few small particles
Nov. 8	0·001	0·006	2·2	0·440	0·037	36	12·4	7·0	19·4	Bright, many small particles

WHITLEY.

1920.										
Jan. 7	0·000	0·002	4·0	0·550	0·002	66	15·0	27·3	42·3	Bright and clear
Feb. 18	0·000	0·002	3·9	0·600	0·005	63	14·2	25·8	40·0	Do. do.
Mar. 10	0·000	0·002	3·8	0·550	0·005	61	13·4	27·4	40·8	Bright, few small particles.
April 14	0·000	0·002	3·9	0·770	0·002	63	17·1	25·7	42·8	Do. do
May 17	trace	0·002	3·9	0·660	0·005	64	16·3	20·8	37·1	Do. do.
June 22	0·000	0·002	3·9	0·600	0·005	65	15·0	22·1	37·1	Do. do.
July 6	0·000	0·002	3·8	0·550	0·002	65	19·6	22·8	41·4	Do. do.
										Trace free chlorine
Aug. 24	0·000	0·004	4·7	0·550	0·005	74	14·7	24·8	39·5	Bright and clear
Sept. 20	0·001	0·002	4·5	0·715	0·008	72	12·3	21·0	33·3	Bright, few small particles
Oct. 20	0·001	0·004	3·9	0·660	0·019	58	3·7	8·5	12·2	Bright and clear
Nov. 10	0·001	0·004	4·1	0·880	0·021	52	4·2	20·8	25·0	Bright, few small particles
Dec. 15	trace	0·006	4·0	0·000	0·018	24	4·8	21·5	26·3	Do. do.

RIVERS AND STREAMS.

See the Report for 1919.

DRAINAGE AND SEWERAGE.

In the more recently extended portion of the City a dual system of drainage has been installed. This relieves the old main sewers of some of the storm water that would otherwise enter them. The question of reconstructing and enlarging the old sewers has been considered for some years; and doubtless this matter will have to be taken in hand at no distant date.

The sewage of the City is dealt with by broad irrigation on a sewage farm at Baginton, some two and a half miles outside the City. To reach the farm it has to be pumped at the pumping station at Whitley. One bacterial filter bed has been in use for some years, and has given satisfaction. Owing to the increase in the size of the City, a large extension of the principle of filter beds was decided upon, and has since been carried out. At the present time eleven beds are in use.

CLOSET ACCOMMODATION.

The total number of water closets in houses, institutions, schools, factories and workshops in the City is 32,977.

There are 10 privy middens and 16 pail closets in premises which are some considerable distance from the public sewers.

During the past ten years the number of privies and pail closets converted into water closets has been 82.

SCAVENGING.

Your City Engineer has kindly informed me that the following amount of house refuse has been removed during the year:—

Refuse removed	...	23,931 tons.
----------------	-----	--------------

20,053 tons of this material were carted to the Refuse Destructor and there dealt with, whilst 3,878 tons were carted to tips. Various particulars relating to refuse collection and destruction appeared in the Report for 1913.

SANITARY INSPECTION OF DISTRICT.

That portion of the work of the Health Department connected with nuisances in and around dwellings can best be set out in tabular form. The figures in relation to these matters for the year are as follows :—

DRAINAGE AND PAVEMENT.	1919.	1920.
Drains opened and cleansed from obstruction	476	361
Drains provided with efficient traps	29	36
New Drains, inspection and intercepting chambers provided	19	24
Drains relaid ...	31	24
Sink drains disconnected from sewer	4	4
Drains tested ...	92	141
Soil pipes and ventilating shafts provided or improved	9	8
Courts and back yards paved and repaired	55	102
 DWELLINGS.		
Floors of dwellings relaid or repaired ...	57	179
Dilapidated walls and ceilings repaired ...	88	316
Damp walls - damp courses inserted ...	6	11
Roofs repaired and made weatherproof ..	169	341
Dangerous stairs repaired ...	11	30
Additional windows provided and others made to open ...	53	80
Defective spouts repaired ...	164	244
Pantry ventilation improved ...	4	11
New sinks provided ...	16	38
New waste pipes provided and others repaired ...	42	105
Foul cellars cleansed and defects in drains remedied ..	8	6
Houses limewashed and cleansed ..	213	528
Houses limewashed after infectious disease	126	137
Cases of overcrowding dealt with ...	4	8

WATER CLOSETS AND URINALS. 1919. 1920.

Additional water closets provided	...	11	10
Water closets reconstructed	...	7	33
Water closets repaired and limewashed	...	138	151
Water closets provided with new basins and traps	...	161	204
Defective joints in flush pipes repaired	...	80	180
Foul W.C. basins and traps cleansed	...	278	210
Defective W.C. cisterns repaired	...	264	246
New flushing cisterns provided	...	42	49
Urinals cleansed and reconstructed	...	12	21
Urinals abolished	...	2	3

PRIVIES, ASHPITS AND DUSTBINS.

Offensive privies and pail closets converted into W.C.'s	...	...	...	2
Offensive privies and pail closets abolished	...			4
New W.C.'s erected in place of above	...			4
Offensive ashpits abolished	...	3		4
Sanitary dustbins provided in place of above	...	+		44
Other houses provided with sanitary dustbins	...	663	554	

VARIOUS.

Premises limewashed and cleansed	...	...	...
Smoke nuisances dealt with	...	4	8	
Nuisances from animals kept, abated	...	237	89	
Offensive accumulations removed	...	113	80	
Courts and back yards cleansed by tenants	...	22	20	
Gipsy tents and caravans removed	...	4	3	
Water supply—additional taps provided	...	4	14	
Miscellaneous...	...	341	566	
Totals	3,974	5,233*		

* This total includes 93 drains, etc., cleansed by Health Department Staff.

So far as the work is capable of tabulation, the number of visits and other work involved is shown in the following table :—

	1919.	1920.
Number of visits to premises ...	... 20,380	23,543
Number of statutory notices issued ...	... 85	112
Cleansing notices, statutory ...	... 66	218
Number of informal notices issued ...	... 2,096	2,772
Number of letters issued ...	... 2,383	1,372
Number of summonses issued for non-compliance with notice to abate nuisance ...	... 10	2
Number of nuisances remaining unabated ...	... 32	36
Number of registered premises under supervision (not including workshops) ...	... 432	431
Number of visits paid to registered premises	1,650	1,675

In the preceding tables the figures for the previous year are inserted for comparison.

Canal Boats.

Inspector Clarke, the Inspector under the Canal Boats Acts, furnishes the following information, which shows the steps taken by the Sanitary Authority to give effect to the Acts and Regulations affecting Canal Boats :—

Total number of Boats registered to 31st December, 1920 ...	459
Number of Boats added to Register in 1920 ...	... 8
Total number of Registrations cancelled ...	... 187
Actual number of Boats on Register on 31st December, 1920	272
Number of Boats inspected in 1920 ...	... 113
Number of Boats conforming to the Acts and Regulations ...	92
Number of Boats infringing the Acts and Regulations ...	21
Total number for which the Cabins were registered ...	340
Total number occupying the Cabins ...	309

Details of Occupations :—

Male Adults	... ...	... ...	... 101
Female Adults	... ...	... ...	... 89
Children of School Age	... ...	... ...	... 92
Children under School Age	... ...	... ...	... 27

No. of Cases met with.	<i>Details respecting Infringements.</i>				No. of Cases remedied.
2	Registration	...	...	...	2
1	Absence of Certificate	...	...	...	1
1	Marking	...	...	...	1
2	Overcrowding	...	...	...	1
2	Females over 12 improperly occupying	...	...	...	2
6	Cleanliness	...	...	...	6
8	Painting	...	...	...	2
4	Dilapidation	...	...	...	4
1	No proper water vessel	...	...	...	1
—					—
27	Total cases met with.		Total cases remedied		20
—					—
	Number of Legal Proceedings taken	...	...	...	Nil
	Number of printed Notice Forms issued	...	...	...	7
	Number of Notices attended to	...	...	...	3
	Number still corresponding about	...	...	...	4

References to other Departments.

These included 415 references to the City Engineer, 20 to the Waterworks Engineer, and 448 to the Head Teachers of the Schools.

The character of the references to the City Engineer is set out in the following table :—

Dangerous buildings	...	...	...	...	12
Unauthorised buildings	...	...	...	...	7
Foul gullies and complaints relating to sewers	...	...	...	...	107
Refuse removal	...	...	...	...	272
Miscellaneous	...	...	...	...	17

The references to the Waterworks Engineer dealt with such matters as waste of water from taps and cisterns, while those to Head Teachers related to infectious disease among school children and exclusions from school.

Summary of Inspectors' Work
IN CONNECTION WITH THE SUPPRESSION OF NUISANCES FOR THE PAST TEN YEARS.

	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	Totals.
No. of drains opened and cleansed from obstruction	335	713	629	449	443	479	664	727	476	361	5,276
,, drains provided with efficient traps	188	219	222	147	147	45	63	51	29	36	1,147
,, new drains provided to premises	282	310	266	193	202	95	152	215	151	54	1,920
,, sink drains disconnected from the sewer	2	1	5	1	4	3	8	2	4	4	34
,, new sinks provided and others repaired	104	107	126	188	164	51	40	54	58	143	1,035
,, floors and walls of houses repaired	483	542	392	378	337	139	57	156	151	506	3,141
,, roofs of houses repaired and made weatherproof	53	102	105	109	124	149	55	76	169	341	1,281
,, defective spouts repaired	68	157	106	85	111	53	62	77	64	244	1,127
,, houses linewashed and cleansed	460	534	485	393	208	104	104	213	528	1,337	3,111
,, houses cleansed after infectious disease	450	241	300	402	326	188	184	126	137	137	3,111
,, offensive privies or pail closets converted into water closets	19	23	8	2	2	2	1	1	1	2	60
,, offensive privies and pail closets abolished	22	22	6	8	4	4	4	4	4	4	70
,, new water closets erected in place of above	22	22	6	8	4	4	4	4	4	4	70
,, additional new water closets provided	44	35	46	37	26	12	25	15	11	10	261
,, water closets provided with new cisterns	103	114	103	78	53	23	49	42	49	49	614
,, " " " new basins and traps	304	302	208	162	141	77	147	159	161	204	1,865
,, foul water closet drains cleansed	321	667	498	310	324	281	875	655	278	210	4,419
,, defective W.C. cisterns, etc., repaired	150	398	277	163	145	152	328	508	344	610	3,075
,, offensive ash pits abolished	23	54	20	30	25	2	2	1	3	4	164
,, sanitary dustbins provided in place of the above	26	143	68	45	29	1	4	1	4	4	325
,, " " to other premises	749	1733	1014	649	814	523	383	1025	663	594	8,147
,, urinals cleansed, repaired and reconstructed	17	50	23	27	53	12	8	1	14	24	229
,, courts and backyards paved and repaired	174	405	302	228	226	88	55	83	55	102	1,718
,, nuisances from animals kept, abated	52	38	54	48	53	45	55	49	237	89	720
,, accumulations of manure, etc., removed	59	114	94	114	160	83	123	161	113	80	1,101
,, smoke nuisances dealt with	25	15	26	51	41	3	5	2	4	8	180
,, cases of overcrowding dealt with	31	35	22	17	5	13	16	12	4	8	163
,, vent and soil pipes removed or replaced, and miscellaneous sanitary improvements effected	1,128	1,222	1,204	1,189	1,094	633	507	474	592	873	8,916
	5,886	8,453	6,605	5,501	5,526	3,498	3,982	4,793	4,066	5,233	53,543

Summary of other Miscellaneous Work
FOR THE PAST TEN YEARS.

	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920
No. of visits and re-visits to premises	27,951	32,171	30,819	28,895	21,415	14,535	14,819	16,587	20,380	23,543
, notices issued for abatement of nuisances	1,769	3,416	3,520	3,162	2,064	1,445	2,035	2,607	2,247	2,884
, letters	...	...	...	...	1,495	2,488	2,754	3,082	3,874	3,066
, summonses issued for non-compliance with notices served to abate nuisances	...	...	...	1	2	1	...	...	9	...
, , nuisances remaining unabated after expiration of notice	28	26	19	23	20	28	32	38	32	36
, registered premises under supervision	412	442	423	478	581	575	530	473	432	431
, visits paid to registered premises	2,402	4,469	4,041	3,675	3,069	1,624	2,645	1,917	1,650	1,675
, references to City Engineer	44	56	116	76	55	39	38	38	78	415
, references to Water Engineer	81	62	52	63	58	95	222	152	71	20
, references to Education Department	1,605	954	631	1,654	1,806	1,497	1,045	613	573	448
, drains tested	204	195	222	247	176	113	87	150	92	141

MAGISTERIAL PROCEEDINGS IN 1920.

No. of Cases.	Complaint.				Result.	Total Costs. £ s. d
1	Failing to provide a sanitary dustbin, in accordance with the requirements of Section 32 of the Coventry Corporation Act, 1911	..	..	..	.
					Fined £1	1 0 0
2	Non-compliance with notice to whitewash and cleanse the walls and ceilings of dwelling-house ..	..			Work done. Case withdrawn on payment of costs ..	6 0
3	Selling adulterated milk ..	..			Fined £5 and analyst's fee ..	5 10 6
4	Ditto ditto ..	..			Ordered to pay analyst's fee ..	10 6
5	Ditto ditto ..	..			Fined £10 and costs and analyst's fee	11 11 6
6	Ditto ditto ..	..			Fined £10 and costs and analyst's fee	11 11 6
7	Ditto ditto ..	..			Dismissed on payment of costs and analyst's fee	1 6 0
8	Ditto ditto ..	..			Dismissed on payment of costs and analyst's fee	1 6 0
						£33 2 0

PREMISES AND OCCUPATIONS CONTROLLED BY
BYE-LAWS OR REGULATIONS.

Common Lodging Houses.

Number on Register, 1919	...	...	...	4
" " "	1920	...	...	3
" of visits during the year		...	...	77
" of contraventions observed		...	...	13

The contraventions related to :—Limewashing of walls; cleansing of floors and staircases; dirty bedding; and dirty and defective water closets.

These three houses are registered to accommodate 250 lodgers. The number of persons now received nightly averages 216.

During the year one old-established Common Lodging House, registered to accommodate 46 persons nightly, has been discontinued, and the premises are now used for other purposes.

Houses let in Lodgings.

Number on Register, December, 1920	...	...	43
" of visits during the year		...	139
" of contraventions observed		...	36

The contraventions related to :—Dirty condition of rooms and yard surfaces; foul water closets; and limewashing.

During the past year one house let in lodgings, with accommodation for 126 persons nightly, has been discontinued.

Factories, Workshops and Workplaces.

The following tables are inserted in compliance with Section 132 of the Factory and Workshop Act, 1901.

I.—INSPECTION.

Including inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Inspections	Number of		Prosecutions.
		Written Notices.		
FACTORIES	21	1		0
(Including Factory Laundries).				
WORKSHOPS	252	8		0
(Including Workshop Laundries).				
WORKPLACES	0	0		0
(Other than outworkers premises included in Part 3 of this Report).				
TOTAL	273	9		0

2.—DEFECTS FOUND.

Particulars.	Found.	Number of Defects		Number of Prosecutions.
		Remedied.	Referred to H.M. Inspector	
<i>Nuisances under the Public Health Acts :—</i>				
Want of cleanliness	22	14	..	..
Want of ventilation	2	1	..	..
Overcrowding .. . . . .	..	..	..	..
Want of drainage of floors .. . . . .	..	..	..	..
Other nuisances	3	3	..	..
Sanitary accommodation	insufficient	1	1	..
	unsuitable or defective	2	2	..
	not separate for sexes .. . . .	..	..	..
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bakehouse (s. 101) .. . . . .	..	..	..	..
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	18	10	..	..
Other offences .. . . . .	..	..	..	..
(Excluding offences relating to outwork which are included in Part 3 of this Report).				
Total	48	31	..	..

* Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

OUTWORKERS' LISTS, SECTION 107.

Outwork in Unwholesome Premises,
Section 108.

NATURE OF WORK.*	Lists received from Employers.				Prosecutions.				Outwork in Infected Premises, Section 110.					
	Selling twice in the year. Sending once in the year.		Outworkers. [†]		Outworkers.		Prosecutions.		Outwork in Unwhole- some Premises, Section 108.					
	Lists. [‡]	Con- tractors	Work- men.	Lists.	Con- tractors	Work- men.	Notices served on Occupiers as to keeping or sending lists.	Failing to keep or permit inspection of lists.	10.	11.	12.	13.	14.	15.
1. Wearing Apparel— making, &c. cleaning and washing	2	..	23	1	..	2	..	..	..	1	..	..	..	..
Household linen
Lace, lace curtains and nets
Curtains & furniture hangings
Furniture and Upholstery
Electro-Plate
File making
Brass and brass articles
Fur pulling
Cables and Chains
Anchors and Grapnels
Cart Gear
Locks, Latches and Keys
Umbrellas, &c.
Artificial Flowers
Nets, other than wire nets
Tents
Sacks
Racquet and Tennis Balls
Paper, &c., Boxes, Paper Bags	2	..	25	..	..	..	..	..	..	..	..	..	..	..
Brush making
Pea Picking
Feather Sorting
Carding, &c., of Buttons, &c.
Stuffed Toys
Basket Making
Chocolate and Sweetmeats
TOTAL	..	6	2	75	2	4	..	..	..	2	..	..	..	..

* If an occupier gives out work of more than one of the classes specified in column 1, and subdivides his list in such a way as to show the number of workers in each class, the list should be assigned in column 2 (or 5 as the case may be) against the principal class only, but the outworkers should be assigned in columns 3 and 4 (or 6 and 7) into their respective classes. A footnote should be added to show that this has been done.
† The figures required in columns 2, 3 and 4 are the total number of the lists received from those employers who comply strictly with the statutory duty of sending two lists each year and of the entries of names of outworkers in those lists. The entries in column 2 must necessarily be even numbers, as there will be two lists for each employer—in some previous returns odd numbers have been inserted. The figures in columns 3 and 4 will usually be (approximately) double the number of individual outworkers whose names are given, since in the February and August lists of the same employer the same outworker's name will often be repeated.

3.—HOME WORK.

4.—REGISTERED WORKSHOPS.

Important classes of workshops, such as workshop bakehouses may be enumerated here.	Workshops on the Register (s. 131) at the end of the year.	Number.
Bakers	105
Sugar Boilers	2
Watch Makers	30
Dressmakers	40
Tailors	45
Boot Makers and Repairers	32
Milliners	39
Joiners and Carpenters	12
Cabinet Makers	7
Cycle Repair Shops	7
Ironmongers and Smiths	9
Plumbers and Painters	6
Gas Fitters and Bellhangers	1
Pattern Makers and Brassfounders
Saddlers	4
Tinworkers
Picture Framers	4
Laundries	2
Box and Bag Makers
Printers and Bookbinders	1
Card Stampers	1
Engravers, etc.
Marine Store Dealers	2
Coach Builders and Wheelwrights	6
Various	63
Total number of workshops on Register ..		418

5.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories:	
Failure to affix Abstract of the Factory and Workshop Act (s. 133), 1901 ..	0
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5), 1901 ..	5
Notified by H.M. Inspector ..	5
Reports (of action taken) sent to H.M. Inspector ..	5
Other ..	0
Underground Bakehouses (s. 101):—	
Certificates granted during the year ..	0
In use at the end of the year ..	0

Workshops.

During the year 99 visits have been paid by the Health Visitors to workshops where females are employed. Two nuisances were discovered and reported.

Outworkers.

Lists of outworkers have been received in the regular course from various manufacturing firms in the City. The Health Visitors have paid 28 visits to these workers, and the premises used for this work were found to be in a satisfactory condition. Out of the total number visited only three defects were discovered.

Offensive Trades.

The premises used by fish-fryers, tripe-boilers, hide, skin and bone dealers have been visited from time to time, and were found to be kept as free from effluvia as the nature of the trades would allow.

Ten applications were received from persons desirous of carrying on the trade of a fish-fryer, and one application to carry on the business of a tripe-boiler. In each case the application was approved conditionally on the bye-laws being observed, and no nuisance created.

I presented a special report on the trade of fish-frying to the Sanitary Committee in September, 1920, and this is here reproduced.

"Under the Public Health Acts Amendment Act, 1907, your Committee have, with the further powers conferred and with the approval of the Local Government Board, declared fish-frying an Offensive Trade under the Public Health Act, and no such business can be started without the written consent of this Authority. On April 3rd, 1919, your Committee had under consideration two applications for the establishment of the trade of fish-frying. The applications were adjourned pending the adoption of regulations in connection with the carrying on of the trade. The regulations have been before your Committee, and, I understand, are now in the hands of the Ministry of Health with a view to obtaining their preliminary approval.

The present position of affairs is somewhat unsatisfactory, in that this type of business is sometimes started in a small way, the owner generally being ignorant of the requirements of the

Act; and after money has been expended in providing premises and appliances he becomes informed of the requirements in regard to an application; the application is thus received after the business has been started.

The question of giving permission for the starting of the business of a fish-fryer is not without its difficulties. It is certainly a business for which there is a demand in certain areas. It is not a business having any definitely injurious effect upon health in the same way as, say, pig-keeping. To many people, however, it is undoubtedly of an obnoxious character, and they would probably prefer that such businesses should be conducted at a distance from their own houses. With modernly constructed and improved appliances and stoves and the use of deodorized cotton seed oil, there is no doubt that the effluvia arising can be diminished very considerably.

At the same time it seems reasonable that the neighbours should have a certain amount of right in determining whether they desire the establishment of such a business in their neighbourhood, and I think it proper to suggest to your Committee that before granting permission for the establishment of such a business, existing tenants within a radius of, say, 100 feet, should be given an opportunity of expressing their views on the matter."

The following resolution was subsequently adopted :—

"That in future, before granting permission for the establishment of such a business, tenants of property within a radius of 100 feet be given an opportunity of expressing their views."

Bye-laws relating to offensive trades were made by the Council during the year, and were approved by the Minister of Health on January 21st, 1921.

These related to the following trades :— Fish-frying, fellmongering or hide and skin dealing, tripe-boiling, and rag and bone dealing.

Smoke Abatement.

The number of chimneys observed to emit black smoke was considerably less than in previous years. Only four notices were sent to occupiers of factories offending in this respect, and the desired improvement was readily effected.

III. FOOD.

(A) MILK SUPPLY.

The milk supply during the year 1920 averaged 4,000 gallons per day. Of this quantity about 400 gallons were produced in the City; and the remainder was produced in the County, and brought in by train, motor, or other vehicles.

Most of the milk used in the City is therefore imported; and it comes from farms within a radius of eight miles.

About 1,400 gallons of milk are Pasteurized daily at the Co-operative Society's dairy, and 150 gallons per day at the Hygienic Dairy, Earlsdon.

During the year twelve samples were examined for tubercle under our "Milk Clauses." Tubercle bacilli were found in one sample only.

Cowsheds.

Number of Cowkeepers on Register, 1919	...	8
" " " " " 1920	...	9
,, ,, Cowsheds in use in 1919	...	14
,, " " " " 1920	...	15
,, ,, visits during the year	...	21

The contraventions observed related to failure to limewash the interior of the cowsheds at the prescribed periods.

Milkshops.

Number of names on the Register, December, 1919	225
,, " " added to Register during 1920	27
,, discontinued during the year	...
,, on Register, December, 1920	228
,, of visits during the year	606
,, ,, contraventions observed	24

The contraventions related to :—

Registration	...	...	...	3
Milk vessels not kept covered	...	...	...	20
Dairy requiring limewashing	...	...	...	1

MILK AND CREAM REGULATIONS, 1912 AND 1917.

1. Milk and Cream not sold as Preserved Cream.

	(a) Number of samples examined for the presence of a preservative.	(b) Number in which a preservative was reported to be present.
Milk	307	..
Cream	0	0

Nature of preservative in each case in column (b) and action taken under the Regulation in regard to it.

2. Cream sold as Preserved Cream.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct :—

(i.) Correct statements made	...	...	o
(ii.) Statements incorrect	...	...	o
			—
Total	...	o	—

(b) Determinations made of milk fat in cream sold as preserved cream :—

(i.) Above 35 per cent.	...	...	o
(ii.) Below 35 per cent.	...	...	o
			—
Total	...	o	—

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed :—
None.

(d) Particulars of each case in which the Regulations have not been complied with, and action taken :—
None.

3. Thickening Substances :—

Any evidence of their addition to cream or to preserved cream, and action taken where found :—None.

MILK (MOTHERS AND CHILDREN) ORDER, 1918.

This is dealt with under the heading of the Infant Consultation Centre on page 93.

(B) MEAT.

(i.) During the year 437 visits have been made to the slaughter-houses in order to inspect meat, and to enforce the bye-laws relating to slaughter-houses.

Nine contraventions were observed relating to limewashing of walls, cleansing of floors, removal of offal, and absence of suitable receptacles for offal; and these were remedied without recourse to magisterial proceedings.

(ii.) A public abattoir has not been established, although land has been purchased for its erection. As there is no fixed time for slaughtering in private slaughter-houses no adequate arrangement is possible for the inspection of meat at the time of slaughter.

(iii.) It has not been found necessary to institute proceedings under Section 117 of the Public Health Act, 1875.

(iv.) Forty-five carcases or parts of carcases of animals were condemned for tuberculosis.

Notifications were received from 33 butchers using 24 slaughter-houses, concerning the carcases of 121 animals, viz.:— 11 bullocks, 57 cows, 23 heifers, 4 calves, 6 sheep, and 20 pigs, these being found after slaughter to be diseased or unsound. The meat surrendered and destroyed in connection with these notifications amounted to 5,795 lbs., and was as follows:—Beef, 5,426 lbs. (of which 3,015 lbs. were tuberculous); Veal, 60 lbs.; Mutton, 131 lbs.; Pork, 178 lbs.

The number of slaughter-houses in use in the district at the dates mentioned was as follows:—

	In 1914.	In January, 1920.	In December, 1920.
Registered	14	... 13	... 11
Licensed	35	... 35	... 34
Total	49 —	... 48 —	... 45 —

Humane Slaughtering of Animals.

The following is taken from the report of the Medical Officer of Health to the Sanitary Committee, November 18th, 1920:—

"A circular letter has been received from the Ministry of Agriculture and Fisheries, dated October 20th, concerning the above, and enclosing a copy of a memorandum which has been issued to the Press on the subject.

It is customary to stun all cattle, either by a pole-axe or pistol, prior to slaughtering. This, however, is not usual in regard to the smaller animals, and the object of the memorandum is to extend the principle of stunning to all animals. Where public slaughter-houses exist it is possible to insist on this practice; in private slaughter-houses we have no control over the methods of slaughter adopted; though doubtless if unnecessary cruelty were practised the person might be rendered amenable to the law relating to this. I would suggest that a copy of the memorandum of the Ministry should be forwarded to every butcher."

This was done.

(C) OTHER FOODS.

Unsound Food.

The following quantities of unsound food have been surrendered from shops and stores:—876 lbs. of imported beef, 2,250 lbs. of imported mutton, 720 lbs. of bacon, 1,347 eggs, 400 lbs. of butter, 98 lbs. of cheese, 713 tins of condensed milk, 74 tins of corned beef, 18 tins of tongue, 12 chickens, 10 boxes of fish, 3 cwt. of mussels, 137 tins of salmon, lobster, etc., 196 lbs. of pigs' feet, 146 tins of tomatoes, 129 lbs. of dates, 71 tins of fruit, 794 rabbits, and 25 cwt. of potatoes.

Bakehouses.

Number on Register, December, 1920	...	108
.. of Bakehouses unoccupied	...	27
.. .. changes of occupancy	...	4
.. .. visits	...	143
.. .. contraventions observed	...	19
.. remedied	...	19

The contraventions observed related to the limewashing of walls and ceilings.

SALE OF FOOD AND DRUGS ACTS, 1875 TO 1909.

During the year 349 samples of food were submitted to the Public Analysts, who certified 337 as genuine, and 12 as adulterated.

The samples were collected in the following manner :—

Formal samples, 263; preliminary samples, 86; and included :—New Milk, 307; Dried Milk, 3; Butter, 17; Lard, 12; Margarine, 10.

Of the 307 samples of new milk, 295 were certified as genuine, and 12 as adulterated. Of these, four were deficient in fat in amounts varying from 4 per cent. to 13 per cent. Eight samples were certified to contain added water in amounts varying from 4·5 per cent. to 23 per cent.

The samples of dried milk, butter, lard and margarine were certified as genuine.

All the dairy products were examined for preservatives.

The nature of each article and the analytical results will be found on pages 101-102, and the magisterial proceedings necessary on page 43.

IV. PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

Deaths from the seven principal Zymotic diseases which have occurred in Coventry during the past 51 years :—

Year.	Small Pox.	Typhoid Fever.	Diphtheria	Scarlet Fever.	Measles.	Whooping Cough.	Diarrhoea.
1870	1	18	15	9	84
1871	166	..	5	5	18	35	59
1872	57	..	2	8	5	15	77
1873	9	15	18	28	45
1874	11	149	5	7	45
1875	..	4	7	16	..	16	61
1876	..	9	2	30	19	25	28
1877	..	2	2	19	3	3	24
1878	..	8	8	20	14	24	47
1879	..	2	2	7	18	18	24
1880	..	3	3	36	6	10	96
1881	1	5	11	58	2	8	24
1882	..	10	2	17	17	4	18
1883	..	7	..	2	3	5	36
1884	..	5	..	3	18	29	50
1885	..	2	1	10	..	2	20
1886	..	14	..	18	49	31	49
1887	..	7	2	14	..	9	40
1888	..	3	..	6	1	14	25
1889	..	2	1	13	50	8	38
1890	..	4	5	2	1	3	45
1891	..	7	1	..	36	15	29
1892	..	9	..	..	4	4	30
1893	..	9	1	..	..	7	44
1894	1	6	3	18	54	25	15
1895	..	5	3	19	3	20	61
1896	..	12	3	9	35	8	44
1897	..	3	4	6	16	6	80
1898	..	6	5	10	29	4	131
1899	..	18	5	3	18	39	63
1900	..	6	22*	17	50	2	75
1901	..	15	31*	18	3	32	83
1902	..	6	31*	10	..	9	28
1903	3	2	34*	5	57	15	34
1904	1	1	11*	10	..	48	49
1905	..	6	13*	1	60	1	31
1906	..	4	12*	5	1	38	138
1907	..	1	10*	4	20	4	34
1908	..	1	8*	7	3	20	47
1909	..	4	11*	24	67	29	18
1910	..	5	15*	25	6	10	16
1911	..	1	17*	30	66	30	51
1912	30*	17	52	34	6
1913	..	2	33*	2	9	22	21
1914	..	2	12*	6	25	15	24
1915	..	5	37*	14	87	13	16
1916	..	1	49*	6	42	45	14
1917	..	1	26*	4	21	1	9
1918	..	1	20*	4	8	11	12
1919	..	2	16*	1	14	8	3
1920	9	2	14	12	8

* The Deaths from Membranous Croup are here included.

TABLE II. M. OF H.—CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1920.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED At All Ages.	TOTAL CASES NOTIFIED IN EACH LOCALITY. (e.g. Parish or Ward) of the District.																					
		At Ages—Years.			Under 1			1 and under 5			5 and under 15			15 and under 25			25 and under 45			65 & upwards.			
Small-pox				
Cholera (C)	Plague (P)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Membranous Group)	..	85	..	25	52	6	1	1	..	8	9	3	2	1	2	..	..	..	..
Erysipelas	3	10	14	3	2	5	1	3	7	5	1	3	1	21				
Scarlet fever				
Typhus fever				
Enteric fever				
Relapsing fever (R)				
Continued fever (C)				
Puerperal fever				
Cerebro-spinal Meningitis				
Poliomyelitis				
Ophthalmia Neonatorum				
Pulmonary Tuberculosis				
Other forms of Tuberculosis				
Malaria				
Dysentery				
Trench Fever				
Acute Primary Pneumonia				
Acute Influenza Pneumonia				
Acute Encephalitis Letargica				
Acute Polio-Encephalitis				
Totals	874	113	84	229	123	233	80	12	71	120	45	60	36	84	85	47	80	40	31	177	280

Mark (n) indicates the locality in which the City Hospital is situated. (Built for 102 beds)
 Mark (w) indicates the locality in which the Workhouse is situated.

† These are cases removed to Sanatoria only.

Isolation Hospital or Hospitals, Sanatorium, &c.;—City Hospital, Coventry, and Pinley (Small Pox) Hospital, in Coventry Rural District (City Council); Brimcote, Winsley, Northwood and other Sanatoria (n. report).

WEEKLY RETURNS OF INFECTIOUS DISEASE.

WEEK ENDING.		Small Pox.	Scarlet Fever.	Diphtheria, including Membranous Croup.	Typhoid Fever.	Puerperal Fever.	Erysipelas.	Pulmonary Tuberculosis.	Other forms of Tuberculosis	Ophthalmia Neonatorum.	Cerebro- Spinal Fever.	Acute Poliomyleitis	Encephalitis Lethargica.	Malaria.	Influenza	Pneumonia.	Primary Pneumonia.	Polio Encephalitis.	Dysentery.	
1920.																				
January	3	..	2	6	..	..	5	2	1	4	..	..	..	..	..	..	..	..	..	..
"	10	..	5	2	..	..	2	3	1	1	..	..	..	..	..	..	..	..	..	..
"	17	..	4	3	..	..	2	2	2	2	..	..	..	..	..	..	..	..	..	..
"	24	..	3	3	..	..	1	1	1	1	..	..	..	..	..	..	..	..	..	..
"	31	..	2	1	..	..	1	4	2	2	..	..	..	..	..	..	..	..	..	..
February	7	..	4	4	..	..	1	1	1	1	..	..	..	..	..	..	..	..	..	..
"	14	..	3	4	..	..	1	1	1	1	..	..	..	..	..	..	..	..	..	..
"	21	..	3	4	..	..	1	1	1	1	..	..	..	..	..	..	..	..	..	..
"	28	..	1	4	..	..	1	1	1	1	..	..	..	..	..	..	..	..	..	..
March	6	..	1	4	..	..	1	22	2	1	..	..	..	..	..	..	..	..	..	..
"	13	..	2	1	..	..	1	2	3	3	..	..	..	..	..	..	..	..	..	..
"	20	..	3	2	..	..	1	8	2	1	..	..	..	..	..	..	..	..	..	..
"	27	..	2	3	..	..	1	4	2	1	..	..	..	..	..	..	..	..	..	..
April	3	..	4	2	..	..	1	4	1	1	..	..	..	..	..	..	..	..	..	..
"	10	..	3	5	..	..	1	2	3	3	..	..	..	..	..	..	..	..	..	..
"	17	..	1	1	..	..	1	1	1	1	..	..	..	..	..	..	..	..	..	..
"	24	..	3	1	..	..	1	1	1	1	..	..	..	..	..	..	..	..	..	..
May	1	..	3	1	..	..	1	10	1	1	..	..	..	..	..	..	..	..	..	..
"	8	..	6	2	..	..	1	9	2	1	..	..	..	..	..	..	..	..	..	..
"	15	..	2	1	..	..	1	9	3	2	..	..	..	..	..	..	..	..	..	..
"	22	..	2	3	..	..	1	9	2	2	..	..	..	..	..	..	..	..	..	..
"	29	..	1	2	..	..	1	3	1	1	..	..	..	..	..	..	..	..	..	..
June	5	..	1	1	..	..	1	3	1	1	..	..	..	..	..	..	..	..	..	..
"	12	..	..	1	..	..	1	11	1	1	..	..	..	..	..	..	..	..	..	..
"	19	..	3	1	..	..	1	6	1	4	..	..	..	..	..	..	..	..	..	..
"	26	..	6	1	..	..	1	9	1	2	..	..	..	..	..	..	..	..	..	..
July	3	..	1	2	..	..	1	7	1	1	..	..	..	..	..	..	..	..	..	..
"	10	..	1	1	..	..	1	7	3	2	..	..	..	..	..	..	..	..	..	..
"	17	..	..	1	..	..	3	2	3	4	..	..	..	..	..	..	..	..	..	..
"	24	..	4	1	..	..	1	5	2	1	..	..	..	..	..	..	..	..	..	..
"	31	..	..	1	..	..	1	2	2	1	..	..	..	..	..	..	..	..	..	..
August	7	..	1	1	..	..	1	2	1	2	..	..	..	..	..	..	..	..	..	..
"	14	..	1	1	..	..	1	2	2	2	..	..	..	..	..	..	..	..	..	..
"	21	..	2	2	..	..	1	2	2	2	..	..	..	..	..	..	..	..	..	..
"	28	..	1	..	..	..	1	2	2	1	..	..	..	..	..	..	..	..	..	..
September	4	..	3	..	..	..	1	9	4	1	..	..	..	..	..	..	..	..	..	..
"	11	..	2	1	..	..	2	8	..	..	..	..	..	..	..	..	..	..	..	..
"	18	..	2	1	..	..	2	3	..	1	..	..	..	..	..	..	..	..	..	..
"	25	..	2	3	..	..	2	2	..	3	..	..	..	..	..	..	..	..	..	..
October	2	..	4	..	..	..	2	6	2	4	..	..	..	..	..	..	..	..	..	..
"	9	..	7	3	..	..	1	2	1	2	..	..	..	..	..	..	..	..	..	..
"	16	..	5	2	..	..	1	6	1	1	..	..	..	..	..	..	..	..	..	..
"	23	..	2	..	..	..	2	1	1	1	..	..	..	..	..	..	..	..	..	..
"	30	..	5	4	..	..	1	6	1	1	..	..	..	..	..	..	..	..	..	..
November	6	..	3	1	..	..	1	10	..	4	..	..	..	..	..	..	..	..	..	..
"	13	..	2	1	..	..	1	9	3	1	..	..	..	..	..	..	..	..	..	..
"	20	..	4	1	..	..	1	9	1	1	..	..	..	..	..	..	..	..	..	..
"	27	..	2	1	..	..	1	4	..	5	..	..	..	..	..	..	..	..	..	..
December	4	..	6	2	..	..	1	2	2	4	..	..	..	..	..	..	..	..	..	..
"	11	..	3	2	..	..	2	9	1	..	..	..	..	..	..	..	..	..	..	..
"	18	..	4	1	..	..	1	3	..	..	..	..	..	..	..	..	..	..	..	..
"	25	..	1	..	..	..	1	6	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS	..	138	91	2	11	39	296	67	112	..	..	8	8	38	70	..	2			

1920.

Comparison of Prevalence of Sickness and Death from Infectious Diseases.

Year.	Small Pox.		Erysipelas.		Diphtheria.		Membranous Croup.		Scarlet Fever.		Enteric Fever.		Puerperal Fever.		Measles.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1890	0	0	56	3	5	1	10	1	67	2	30	4	2	2	...	1
1891	0	0	34	5	8	1	6	3	42	0	34	7	4	4	1341	36
1892	1	0	59	3	1	0	18	2	38	0	53	9	9	7	332	4
1893	30	0	145	7	6	1	4	1	90	0	40	9	5	2	39	0
1894	22	1	109	2	14	3	7	2	385	13	14	6	5	3	2353	54
1895	0	0	84	3	6	3	6	3	439	19	49	5	9	3	116	3
1896	3	0	74	2	16	3	1	3	313	9	59	12	12	9	1205	35
1897	0	0	72	4	14	4	11	6	221	6	25	3	2	1	...	16
1898	0	0	53	0	20	5	13	10	278	10	53	6	10	8	...	29
1899	0	0	60	2	38	5	15	11	188	3	126	18	7	3	...	13
1900	0	0	71	1	42	12	24	10	637	17	48	6	14	7	...	50
1901	2	0	92	3	122	26	17	5	781	18	141	15	22	10	...	3
1902	4	0	66	3	129	28	7	3	245	10	60	6	11	4	...	0
1903	71	3	43	1	113	27	14	7	121	5	15	2	5	0	...	57
1904	5	1	67	5	74	10	4	1	222	10	24	1	9	5	...	0
1905	1	0	95	5	56	8	11	5	249	1	21	6	4	4	...	60
1906	0	0	58	3	56	3	12	3	312	5	12	3	5	3	...	20
1907	0	0	59	2	38	8	5	2	247	4	4	1	1	1	...	1
1908	0	0	44	3	101	8	7	0	238	7	11	4	4	3	...	67
1909	0	0	79	3	121	11	0	0	704	24	16	5	1	1	...	6
1910	1	0	70	3	101	15	3	0	1201	25	20	1	2	1	...	66
1911	0	0	70	2	161	17	0	0	1342	30	27	1	6	4	...	52
1912	0	0	84	0	216	30	1	1	681	17	24	0	10	13	...	25
1913	0	0	48	1	187	33	0	0	244	2	10	2	1	4	...	87
1914	0	0	74	5	135	12	1	0	652	6	15	2	7	5	...	21
1915	0	0	89	2	204	37	5	0	656	14	7	5	1	1	...	111
1916	0	0	53	1	341	49	2	0	395	6	11	1	6	3	...	8
1917	0	0	54	1	178	26	0	0	291	4	16	1	3	1	...	1755
1918	0	0	55	4	108	20	0	0	183	4	3	1	5	2	...	14
1919	0	0	54	1	135	16	1	0	133	1	5	2	0	0	...	11
1920	0	0	35	0	85	9	0	0	140	0	0	2	0	0	...	14

Diphtheria.

During the year 85 cases of Diphtheria were notified, and 9 deaths were registered as due to it.

The table shows how these figures compare with those of previous years.

Serum is provided free of cost by your Sanitary Committee, and is used in the large majority of cases.

COMPARISON OF THE FATALITY, INCIDENCE, AND MORTALITY OF
DIPHTHERIA IN DIFFERENT YEARS.

Year.	Estimated Population.	Total No. of Cases Notified.	No. of Deaths Registr'd.	Fatality per cent.	No. of Cases Treated in Hospital.	Attack Rate per 1000 Population.	Per-cent removed to Hospital.	Mortality per 1000 Population.
1890	49,500	15	6	40·0	..	0·30	..	0·120
1891	52,724	14	4	28·5	..	0·26	..	0·075
1892	54,000	19	2	10·5	..	0·35	..	0·037
1893	54,700	10	2	20·0	..	0·18	..	0·036
1894	55,300	21	5	23·8	..	0·38	..	0·090
1895	56,000	12	6	50·0	..	0·21	..	0·100
1896	59,151	17	6	35·3	..	0·28	..	0·100
1897	61,234	25	10	40·0	..	0·40	..	0·160
1898	61,555	33	15	45·4	..	0·53	..	0·240
1899	61,796	53	16	30·2	..	0·85	..	0·250
1900	70,075	66	22	33·3	..	0·94	..	0·310
1901	70,300	139	31	22·1	4	1·97	2·8	0·440
1902	73,000	136	31	22·8	3	1·86	2·2	0·420
1903	75,700	127	34	26·7	1	1·67	0·7	0·450
1904	77,500	78	11	14·1	4	1·00	5·1	0·140
1905	81,000	67	13	19·4	3	0·82	4·4	0·160
1906	83,900	59	12	20·3	7	0·70	11·8	0·140
1907	87,000	43	10	23·2	1	0·49	2·3	0·110
1908	91,000	108	8	7·4	9	1·18	8·3	0·087
1909	93,500	121	11	9·0	8	1·20	6·6	0·110
1910	102,000	104	15	14·4	2	1·02	1·9	0·147
1911	107,287	161	17	10·5	13	1·50	8·0	0·158
1912	111,166	216	30	13·8	8	1·94	3·7	0·269
1913	115,064	187	33	17·6	20	1·62	10·7	0·286
1914	119,003	135	12	8·8	9	1·13	6·6	0·110
1915	122,982	209	37	17·7	31	1·69	14·8	0·300
1916	127,089	343	49	14·2	76	2·69	22·1	0·385
1917	130,000	178	26	14·6	34	1·36	19·1	0·200
1918	133,000	108	20	18·5	35	0·81	32·4	0·157
1919	136,000	136	16	11·7	49	1·00	36·0	0·117
1920	140,000	85	9	10·5	21	0·60	24·7	0·064

Scarlet Fever.

One hundred and forty cases of Scarlet Fever were notified during the year, and two deaths were registered as due to this disease. A reference to the following table shews the comparison of these figures with those of previous years.

COMPARISON OF SCARLET FEVER CASES, REMOVALS TO ISOLATION
HOSPITAL, AND DEATHS FROM SCARLET FEVER.

Year.	Estimated Population	Total No. of cases notified	No. of deaths regist'rd	Fatality per cent.	No. of cases treated in Hospital	Attack rate per 1000 population.	Percentage removed to Hospital	Mortality per 1000 population.	Average Mortlity per 10,000.
1870	37,300	..	18	..	..	..	..	.48	
1871	37,670	..	5	..	..	..	..	.13	
1872	38,100	..	8	..	..	..	..	.20	
1873	38,450	..	15	..	..	..	..	.39	
1874	38,950	..	149	..	..	..	..	3.82	
1875	39,446	..	16	..	12	..	..	.40	
1876	39,890	..	30	..	22	..	..	.75	
1877	40,344	..	19	..	36	..	..	.47	
1878	40,778	..	20	..	34	..	..	.49	
1879	41,222	..	7	..	46	..	..	.16	
1880	41,666	..	36	..	90	..	..	.86	
1881	42,111	..	58	..	156	..	..	1.87	
1882	42,750	..	17	..	47	..	..	.39	
1883	44,000	..	2	..	26	..	..	.04	
1884	44,500	..	3	..	30	..	..	.06	
1885	45,000	..	10	..	97	..	..	.22	4.03
1886	45,500	..	18	..	84	..	..	.89	
1887	46,500	..	14	..	142	..	..	.32	
1888	47,500	..	6	..	162	..	..	.12	
1889	48,500	..	13	..	176	..	..	.26	
1890	49,500	67	2	3.0	58	1.85	86.5	.04	
1891	52,724	42	0	.0	37	.79	88.0	.0	
1892	54,000	38	0	.0	27	.70	71.0	.0	
1893	54,700	33	0	.0	25	.60	75.7	.0	
1894	55,300	385	13	3.3	319	6.96	82.8	.23	
1895	56,000	439	19	4.3	408	7.66	92.9	.33	1.04
1896	59,151	313	9	2.9	288	5.29	94.2	.15	
1897	61,234	221	6	2.7	216	3.60	97.7	.09	
1898	61,555	278	10	3.6	266	4.5	95.3	.16	
1899	61,796	188	3	1.6	183	3.0	97.3	.04	
1900	70,075	637	17	2.5	609	9.09	95.6	.24	
1901	70,300	781	18	2.3	384	11.1	49.1	.25	
1902	73,000	245	10	4.0	211	3.3	86.1	.13	
1903	75,700	121	5	4.1	110	1.6	90.9	.06	
1904	77,500	222	10	4.5	197	3.0	88.7	.13	1.24
1905	81,000	249	1	.4	225	3.0	90.3	.01	
1906	83,900	312	5	1.6	286	3.7	91.6	.06	
1907	87,000	247	4	1.6	229	2.8	92.5	.04	
1908	91,000	238	7	2.9	225	2.6	94.5	.07	
1909	93,500	704	24	3.4	566	7.5	80.3	.25	
1910	102,000	1201	25	2.0	877	11.7	73.0	.24	
1911	107,287	1342	30	2.2	971	12.5	72.3	.28	
1912	111,166	681	17	2.4	555	6.1	81.4	.15	
1913	115,064	241	2	0.82	236	2.1	96.3	.01	
1914	119,008	652	6	0.92	520	5.4	79.7	.05	0.94
1915	122,982	656	14	2.13	530	5.3	80.7	.11	
1916	127,089	395	6	1.51	312	3.1	79.4	.04	
1917	130,000	291	4	1.37	226	2.2	77.6	.03	
1918	133,000	183	4	2.18	142	1.3	77.5	.03	
1919	136,000	133	1	0.75	82	0.97	61.6	.007	
1920	140,000	140	2	1.42	89	1.00	63.5	.014	0.14

A reference to the table on page 56 will show that the cases were most numerous in the Stoke and Radford Wards.

Eighty-nine of the notified cases were removed to the City Hospital, that is, 63.5 per cent. were so removed.

It may be noted that since Scarlet Fever became notifiable the incidence rate has been lower on four occasions only.

Typhoid Fever.

There were two cases notified as Typhoid Fever, and no deaths were attributed to it. Both of these were admitted to the City Hospital. One had been living in another town, and the infection was probably imported; the other apparently owed her illness to the eating of uncooked mussels. Both recovered.

Acute Encephalitis Lethargica and Acute Polio-Encephalitis.

Under the Public Health (Acute Encephalitis Lethargica and Acute Polio-Encephalitis) Regulations of December 17th, 1918, the following notifications were received during the year:—

Acute Encephalitis Lethargica	...	...	8
Acute Polio-Encephalitis	...	None	

Six of the notified cases died; the two surviving cases have been visited, and a report on their present state of health shows:—

No. 2.—Patient still having medical attendance for weakness of nerves. No twitchings or paralysis.

No. 5.—Slight paralysis of right foot, unable to put heel to the ground, toes turning inwards. Eyes become protuberant every third day. No tremors.

Particulars of these cases were sent on request to the Ministry of Health.

Cerebro-Spinal Fever and Acute Poliomyelitis.

No notification of either of these diseases was received during the year.

Pneumonia, Malaria, Dysentery, etc.

Under the Public Health (Pneumonia, Malaria, Dysentery, etc.) Regulations of the 17th January, 1919, the following diseases were notified during 1920.

Acute Primary Pneumonia, 71; Acute Influenza Pneumonia, 38; Malaria, 8; Dysentery, 2; Trench Fever, nil.

The total deaths from all forms of Pneumonia numbered 88.

BACTERIOLOGICAL DIAGNOSIS OF INFECTIOUS DISEASE.

Advantage is being taken of the facilities afforded by your Council to medical men to obtain bacteriological assistance in the diagnosis of infectious disease. The total number of specimens examined is given below.

			Samples sent.	Result positive.	Result negative
Typhoid Fever	...	...	9	1	8
Diphtheria	...	...	519	127	392
Phthisis	...	...	224	46	178
Syphilis	...	...	472	167	305
Sundry	...	...	7	2	5
			—	—	—
			1231	343	888
			—	—	—

Of the above specimens, 184 diphtheria swabs were sent from the City Hospital, and 364 Wassermann samples from the Coventry and Warwickshire Hospital.

In ascertaining the freedom from infection of school children who had suffered from Diphtheria or been in contact with those who had, the School Nurses took 294 swabs.

The above examinations were carried out by the Lister Institute.

SMALL POX.

No case of Small Pox was notified during the year. A few Small Pox contacts were visited and kept under observation.

Vaccination.

The following are the returns of the Vaccination Officer for the past five years :—

Year.	Births.	Deaths Unvaccinat'd	Vaccinated.	Unvaccinat'd	Percentage Vaccinated
1916	2996	249	686	2061	22·9
1917	2738	154	360	2224	13·0
1918	2857	188	308	2361	10·7
1919	2429	146	212	821	8·7
1920	3372	247	326	2799	9·6

Declarations made of Conscientious Objection.

1916	...	...	...	1,946
1917	...	...	...	1,830
1918	...	...	...	1,763
1919	...	...	...	1,250
1920	...	...	...	2,303

It will be seen that this community is becoming largely an unvaccinated one.

No vaccinations or re-vaccinations under the Public Health (Small Pox Prevention) Regulations, 1917, were performed by the Medical Officer of Health.

SCHOOLS.

As, in this City, the Medical Officer of Health is also the School Medical Officer, the two annual reports are issued together, and some amount of repetition is thereby avoided. (See page 125).

Under Section 39 of the Corporation Act, 1900, the person in charge of any school or department of a school is required to notify to the Medical Officer of Health when it is stated that a scholar is suffering from an infectious disease. All known schools and departments of schools are supplied with stamped addressed forms for this purpose by your Sanitary Committee, and on page 64 is given a table of the notifications received during the year.

Notifications received from Schools.

SCHOOL.	Whooping Cough.	Chicken Pox	Scarlet Fever	Ring-worm.	Mumps	Diphtheria	Measles.	Skin Disease.	Miscellaneous.	TOTALS.
Elementary Schools:										
Broad Street, Boys ..	No Return									
Girls ..	No Return									
Centaur Road, Boys ..	..	..	..	..	..	2	..	1	..	3
" Girls ..	No Return									
" Infants	..	..	..	..	..	..	27	..	..	27
Cheylesmore Boys ..	..	2	..	..	..	..	1	..	..	3
" Girls ..	No Return									
" Infants	No Return									
Earlsdon, Sen. ..	1	2	..	..	..	..	1	..	..	4
" Infants ..	21	10	..	..	1	..	27	1	9	69
Edgewick, Sen. ..	..	1	..	3	..	2	..	..	..	6
" Infants ..	..	12	..	..	2	1	2	..	..	17
Fredk. Bird Boys ..	..	2	1	1	..	..	..	..	..	4
" Girls ..	..	..	..	..	..	1	..	..	..	1
" Infants	13	14	..	4	1	2	20	..	..	54
John Gulson, Boys ..	..	2	..	..	..	..	..	..	..	2
" Girls ..	..	..	..	..	..	1	..	..	..	1
" Infants	..	23	1	..	..	..	4	..	..	28
Little Heath ..	..	5	2	1	..	..	..	2	..	10
Paradise ..	1	6	..	3	1	..	..	..	..	11
Radford, Sen. ..	3	1	7	1	..	..	..	..	..	12
" Infants ..	16	1	4	1	..	..	1	..	..	23
Red Lane, Boys ..	..	..	3	..	1	..	..	..	..	4
" Girls ..	..	..	8	..	..	3	..	..	..	11
" Infants ..	No Return									
South Street, Boys ..	No Return									
" Girls ..	..	..	1	..	..	1	1	..	..	3
" Infants	21	4	..	3	26	..	8	..	3	65
Spon Street Boys ..	..	1	..	..	..	..	..	1	..	2
" Girls ..	No Return									
" Infants	2	5	..	3	1	1	33	2	..	47
Station St. West, Mixed and Infants ..	1	2	..	1	..	..	1	9	3	..
Stoke Connect. Boys ..	..	..	..	..	..	1	..	..	..	1
" Girls ..	No Return									
" Infants	1	13	..	1	35	..	..	3	..	53
Wheatley St., Boys ..	..	..	1	1	..	..	2	1	..	2
" Girls ..	..	..	..	..	..	..	..	..	..	3
" Infants	No Return									
All Saints', Sen. ..	..	2	1	4	..	..	..	..	..	7
" Infants ..	..	5	..	..	..	..	..	..	..	5
King Fields ..	..	..	No Return							
St. Elizabeth's, Mixed and Infants ..	..	1	2	2	..	..	..	..	..	5
St. John's Boys ..	10	6	5	1	2	1	23	2	..	53
" Girls & Infants ..	..	..	..	..	..	..
St. Mark's Sen. ..	No Return									
" Infants ..	No Return									
St. Mary's, Sen. ..	..	..	..	..	..	..	5	..	..	5
" Infants ..	4	3	..	6	17	..	2	..	..	32
St. Michael's, Boys ..	..	..	..	2	..	..	..	..	..	2
" Girls ..	No Return									
" Infants	5	6	..	..	..	..	15	1	..	27
St. Osburg's, Sen. ..	1	..	..	1	1	..	6	..	..	9
" Infants	1	1	..	4	..	..	..	..	..	6
St. Peter's, Boys ..	No Return									
" Girls & Infants ..	16	13	1	..	3	..	2	..	..	35
Stoke National ..	1	3	1	..	11	..	6	..	..	22
Thomas Street ..	..	..	..	..	..	..	15	..	1	16
Secondary Schools ..	No Return									
TOTALS ..	123	141	38	46	102	19	209	16	13	707

Epidemic Influenza.

The deaths from this disease occurring each week during the year are here shewn :—

Jan.	3	..	—	May	1	..	—	Sept.	4	..	—
..	10	..	1	„	8	..	—	„	11	..	—
..	17	..	—	„	15	..	2	„	18	..	1
..	24	..	—	„	22	..	—	„	25	..	1
..	31	..	—	„	29	..	—	Oct.	2	..	2
Feb.	7	..	1	June	5	..	—	„	9	..	1
..	14	..	2	„	12	..	—	„	16	..	—
..	21	..	—	„	19	..	—	„	23	..	—
..	28	..	2	„	26	..	—	„	30	..	—
Mar.	6	..	1	July	3	..	—	Nov.	6	..	—
..	13	..	3	„	10	..	—	„	13	..	—
..	20	..	1	„	17	..	1	„	20	..	1
..	27	..	1	„	24	..	—	„	27	..	—
April	3	..	3	„	31	..	—	Dec.	4	..	—
..	10	..	3	Aug.	7	..	—	„	11	..	—
..	17	..	3	„	14	..	—	„	18	..	—
..	24	..	3	„	21	..	—	„	25	..	1
				„	28	..					
								Total	..	<u>34</u>	

Available records shew the number of deaths recorded each year since 1899 to be as follows :—

1899	..	23	1906	..	8	1914	..	10
1900	..	32	1907	..	8	1915	..	16
1901	..	13	1908	..	5	1916	..	14
1902	..	8	1909	..	9	1917	..	7
1903	..	12	1910	..	3	1918	..	463
1904	..	15	1911	..	—	1919	..	40
1905	..	10	1912	..	3	1920	..	34
			1913	..	4			

A total for the 22 years of 737, of which 463, or 63.3 % were registered in 1918.

The following is extracted from the report of the Medical Officer of Health to the Sanitary Committee, February 5th, 1920 :—

"In December last the Ministry of Health issued a Memorandum on the prevention of Influenza. This was accompanied by a circular letter stating that in view of the possibility of a further outbreak this winter, the Ministry had had under consideration the measures which should be taken for preventing the spread of infection and for lessening

ing mortality from the disease. It stated that Influenza spreads with such extreme rapidity that all arrangements for dealing with outbreaks of the disease should, as far as possible, have been planned out in considerable detail, and the part to be played by each officer determined and understood *in advance*, so that the scheme could be put into immediate and effective operation directly the necessity for it arose; that it was especially desirable that provision should be made for sufficient nurses to be immediately available when their services were required. The Ministry gave a general sanction to the provision of domiciliary medical and nursing services in connection with Influenza. They also stated that they would supply anti-influenza vaccine when requested, and that it was desirable that steps should be taken by each authority to publish full information in each district concerning the facilities provided for assisting persons suffering from Influenza, and that they should issue leaflets, posters, and adopt other educational methods for setting out the precautions to be adopted to minimise the risk of infection and complications.

The summary of the local action suggested was as follows:—

1. The appointment by the authority of a small emergency committee (e.g., three members of the Public Health Committee), to whom, with the Medical Officer of Health, should be delegated full powers to act and incur necessary expenditure.
2. Medical practitioners and any voluntary health workers in the district to be consulted through their respective local organisations, and their co-operation invited in determining the practical methods to be adopted.
3. A scheme as regards the provision of nursing and other assistance to families stricken with Influenza to be formulated, such scheme to be carried out under the direction of the Medical Officer of Health.
4. Division of the town or district for this purpose into areas, to each of which one or more trained nurses are allotted for domiciliary nursing, the nurses to act in regard to individual patients solely under the direction of the medical practitioner in charge of the case.
5. Women to be enlisted as "home helps" to assist with cooking, care of children and ordinary domestic work. Inquiries to be made to ascertain where such assistance is most urgently needed.
6. Utilisation to the best advantage of Health Visitors and other members of the staff of the authority and of institutions under the control of the Council; improvisation of temporary crèches and of special kitchens in which food and invalid diet can be prepared.
7. Allocation to influenza patients of one or more wards in the Isolation Hospital or in some other available and suitable emergency hospital.
8. Issue of notices and leaflets to the public.
9. Prevention or mitigation of overcrowding, and the securing of adequate ventilation in public buildings and conveyances under the control of the Council.

io. School closure may be specially useful in rural and smaller urban districts.

When Influenza occurred last winter your Committee will recollect that one of the difficulties met with was that medical practitioners were largely overtaxed by the amount of illness present, and especially was this the case in regard to the available nurses. The difficulty in making arrangements beforehand for an adequate supply of nurses is obvious; we do not know that we shall have an Influenza outbreak nor its date, therefore, nurses cannot be engaged beforehand; and last winter the wave of the outbreak was all over the country very much at the same time, so that additional nurses at that time could not be obtained even if wanted, and the same difficulty will probably hold in the case of "Home helps" if these could be obtained.

Towards the end of 1918 the Coventry and Warwickshire Hospital admitted cases of Influenza that were complicated with Pneumonia to one of their wards. The mortality among these was so great that a doubt was expressed at the time as to whether it was advisable to segregate patients together in this way, and as to whether the removal of the patient after Pneumonia had developed was itself without considerable risk. At the present time it would be possible to admit such cases, if thought advisable, to two empty wards at the City Hospital, provided sufficient nursing assistance were available.

Last winter we issued a leaflet in regard to the precautions that might be adopted; the difficulty about such leaflets lies in the fact that it is not possible to be dogmatic concerning the best methods of avoiding infection; general rules as to health and to "keeping fit" sound reasonable, but apparently people in perfect health seemed to be as susceptible to infection as those who were not. The advice given concerning the avoidance of overcrowded places is good, for obviously the risks of meeting infection are greatest where overcrowded assemblies meet.

In the matter of the provision of anti-influenza vaccine, this may perhaps be found to be advantageous; not sufficient evidence at present exists that it is effective, and if a preventative at all, the prevention is probably of comparatively short duration.

Perhaps your Committee will consider the matter, as requested by the Ministry of Health, so that whatever steps it may be thought desirable to take may be thought out now."

The Sanitary Committee appointed a Special Sub-Committee to deal with this matter. That Sub-Committee resolved—

- (a) to advertise for voluntary nurses and home helps to register their names as voluntary workers should their assistance be required.
- (b) to communicate with the District Nursing Association to enquire whether that Association would co-operate in utilising the services of voluntary workers if these were obtained.
- (c) that if the necessity arose the Health Visiting Staff should be employed in this work and that the Education Committee should be communicated with to enquire whether that Committee would be willing to allow their School Nurses also to assist.
- (d) that the Labour Exchange should be communicated with,

when the emergency arose, in regard to supplying charwomen or other home helps in urgent cases where such assistance might be called for.

- (e) that a brief summary of precautionary measures should be printed on small leaflets or cards for distribution.
- (f) that the East and West Wards of the City Hospital, whilst empty, should be available for necessitous cases of Influenza.

Fortunately, the necessity for the above-named steps did not arise.

Anthrax.

The following is taken from the report of the Medical Officer of Health to the Sanitary Committee, May 6th, 1920 :—

" On May 3rd I received a letter from the Medical Superintendent of the Northwood Sanatorium, to the effect that a Coventry patient, named E. C., who was admitted to that Institution on April 12th, had developed a " Malignant pustule " on the chin, which, from its situation, seemed to suggest infection with Anthrax from a shaving brush. An operation was immediately performed, and the pustule excised, together with the infiltrated tissues around. At the date of the letter (May 2nd) no constitutional symptoms had shown themselves; but Anthrax infection is always a very serious condition.

It appears that E.C. purchased a new shaving brush prior to leaving for Northwood from Mr. G. Mr. G.'s shop has been visited, and it has been ascertained that during the past three months three different varieties of shaving brushes have been obtained from three different sources, two from London and one from Birmingham. I immediately sent a description of the three varieties to the Medical Superintendent of Northwood, in order to ascertain which particular variety was suspected, and in the meantime Mr. G. has promised to cease the sale of any of these brushes until he hears further.

Subsequently ten of these brushes were submitted for bacteriological examination, and two were proved to contain Anthrax spores. The remainder of the brushes were purchased for destruction."

The patient made a satisfactory recovery.

Cleansing of Verminous Persons.

The Cleansing of Persons Act, 1897, has not been adopted by this Authority.

Facilities for the cleansing and disinfection of persons are provided at the Coventry Union, and by permission of the Guardians may be utilised by infested persons.

A Cleansing Centre is provided at the School Clinic for the use of children. Figures shewing the extent to which this has been used will be found on page 134.

Death Rate from Zymotic Diseases.

The deaths and death rate from the seven principal infectious diseases are set out below :—

	Notified.	Died.	Case Fatality per cent.
Small Pox	—	—	—
Scarlet Fever	140	2	1·4
Diphtheria	85	9	10·6
Typhoid Fever	2	0	0
Measles	—	14	—
Whooping Cough	—	12	—
Diarrhoea	—	8	—
		45	
		—	

This corresponds to a death rate of 0.32. The average for the previous ten years is 0.95. The proportion of this rate attributable to each of these diseases is shown hereafter, together with a comparative statement of the similar figures for the rest of the country (except in regard to Diarrhoea, in which case the figures give the number of deaths from this cause among children under two years of age per 1,000 births).

	Coventry	England and Wales	96 Great Towns.	148 smaller Towns.
Small Pox	0.000	0.000	0.000	0.000
Scarlet Fever	0.014	0.040	0.040	0.030
Diphtheria	0.064	0.150	0.160	0.140
Typhoid Fever	0.000	0.010	0.010	0.020
Measles	0.100	0.190	0.220	0.190
Whooping Cough	0.085	0.110	0.140	0.100
Diarrhoea and Enteritis (See note above)	2.46	8.30	10.40	7.80

It will be noted that in all of these specified diseases Coventry compares favourably with the rest of the country; and that the advantage in regard to the local figures is especially marked in the case of Diarrhoea and Enteritis.

TUBERCULOSIS.

The table on page 26 shows that there were registered 128 deaths as due to Pulmonary Tuberculosis, and 32 to other forms of Tuberculosis.

The number of new cases notified under the Regulations of the Ministry of Health is set out in the table on page 72.

The routine steps taken locally to combat this disease have been dealt with in previous reports.

In 28 instances (14 pulmonary and 14 non-pulmonary) deaths were registered as due to this disease, although no notification had been received that the deceased were suffering from tuberculosis. (7.6%).

The following table is drawn up on the lines recommended by the late Dr. Bulstrode, of the Local Government Board, showing the position, so far as "remaining well" is concerned, of those patients who have gone from Coventry to Sanatoria:—

PATIENTS.

Year of Admission.	No. Admitted.	Left Coventry, unable to trace.	Known to be Remaining well at end of year.										
			1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	
1909	19	...	11	10	8	7	5	4	4	4	3	3	3
1910	20	...	...	12	13	10	7	5	6	5	4	2	3
1911	23	3	...	...	15	16	12	9	11	9	9	6	4
1912	46	3	...	...	...	19	23	21	19	21	14	14	12
1913	60	12	...	...	...	...	33	38	35	30	26	26	19
1914	119	21	...	...	...	...	...	43	63	54	42	42	33
1915	139	14	...	...	...	...	...	...	86	81	81	71	52
1916	194	18	...	...	...	...	...	...	...	114	111	100	78
1917	179	12	...	...	...	...	...	...	...	...	104	97	74
1918	157	14	...	...	...	...	...	...	...	...	...	51	76
1919	127	18	...	...	...	...	...	...	...	...	...	...	47
1920	156*	6	...	...	...	...	...	...	...	...	...	...	53
	1239												445

Out of the total (445) remaining well at the end of the year, 438 are said to be at work daily, or in the case of children at school.

* Out of this number (156) there were 44 patients in Sanatoria on December 31st, 1920.

The following figures prepared for the Ministry of Health throw some light on the extent of this disease in the City :—

	Pulmonary.	Non-Pulmonary.
Persons notified, 1909-20	... 3452	... 617
Deaths amongst those notified	... 1007	... 142
	<hr/>	<hr/>
	2445	475
Left City or address given and unable to trace	... 723	... 20
	<hr/>	<hr/>
At present resident in City	... 1722	... 455
	<hr/>	<hr/>
Deaths registered, 1909-20	... 1693	... 497

For the purpose of providing institutional and dispensary treatment for tuberculosis, this City is united with Warwickshire by an Order (of March, 1914) of the Local Government Board under the National Insurance Act, 1911. This constitutes a Joint Tuberculosis Committee, with representatives from the County Council and the City Council; the meetings are held alternately in Warwick and Coventry.

The chief Dispensary of the Committee is situated in Coventry.

The construction of the permanent Sanatorium near Warwick is being proceeded with. Accommodation has, in the meantime, been provided by the leasing of the Bramcote Small Pox Hospital near Nuneaton, and the temporary acquisition of the Exhall Fever Hospital; other beds have been obtained at other existing Sanatoria, *e.g.*, Winsley and Northwood.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912
 Summary of Notifications received during year 1920.

Number of Notifications on Form A.												Number of Notifications on Form B. † Notifications on Form C.									
* Primary Notifications. Age Periods.												Total Notifications* (i.e., including cases previously notified by other doctors).									
	0	1	5	10	15	20	25	35	45	55	65 and upwards.	Total.	Under 5	to 10	to 15	Total.	Under 5	to 10	to 15	Total.	
	to 5	10	15	20	25	35	45	55	65	65 upwards.	12	15	14	15	16	17	18	19	19	21	
1	2	3	4	5	6	7	8	9	10	11	12	15	14	15	16	17	18	19	19	21	
Pulmonary, Males	..	.	7	10	7	28	20	37	35	22	14	3	183	242	..	1	..	1	..	19	76
, Females	..	2	13	7	14	15	35	16	8	3	1	114	153	..	..	1	1	1	1	11	48
Non-Pulmonary, Males	..	7	6	7	4	4	6	2	1	..	..	37	42	..	..	..	..	..	..	..	2
, Females	2	4	5	2	6	5	3	2	2	..	..	31	38	..	2	..	2	..	3	5	..

Patients notified as suffering from both pulmonary and non-pulmonary disease are included among the "pulmonary" returns only.

All notifications on Form **D** are disregarded in preparing this return.

* PRIMARY NOTIFICATIONS relate to patients who have not previously been notified in this or former years, either on Form **A** or on Form **B**, in the area to which the return relates. Any additional notification of a case which has been previously notified in the area is regarded as duplicate.

† A School Medical Inspector is required to notify on Form **B** all cases of tuberculosis discovered in the course of inspection of children attending public elementary schools whether or not these have previously been notified.

Cols. 2-13. Only those cases which have been notified for the first time during the year on Form **A** in the area concerned, and which have never previously been notified in the area, either on Form **A** or on Form **B**, are included in these columns.

Col. 14. The object of this column is to show the extent to which duplicate notification of the same case occurs on Form **A**, and all notifications on Form **A**, whether duplicate or not, are to be included in this column.

Cols. 15-18. Only those cases which have been notified for the first time during the year on Form **B**, and which have never previously been notified in the area, either on Form **A** or on Form **B**, are included in these columns.

Col. 19. All notifications which have been made during the year on Form **B**, whether the cases have previously been notified in the area, or not, either on Form **A** or on Form **B**, are included in this column.

Col. 21. Only notifications on Form **C** made by the Medical Officers of Sanatoria, as defined in the "Tuberculosis Regulations, are entered in this column.

Non-Pulmonary Tuberculosis.

The following table shews the number of notifications received and the localisation of the parts affected :—

		1920.		1919.
Abdominal	...	16	...	25
Chest	...	6	...	8
Bones and Joints	...	15	...	9
Glands	...	12	...	13
Meninges	...	13	...	15
Spine	...	4	...	3
Skin	...	2	...	2
General	...	—	...	1
		—		—
		68		76
		—		—

From 1913 to the end of 1920 the deaths registered under this heading numbered 303, and can be localised as shewn below :—

Tuberculous meningitis	...	...	134
Tabes mesenterica	...	...	31
Other peritoneal or intestinal tubercle	...	...	52
Tuberculosis of spinal column	...	...	19
Tuberculosis of joints...	...	...	2
Lupus	...	...	7
Other tuberculosis	...	...	18
Disseminated tuberculosis	...	...	40
		—	
		303	

Report of the Tuberculosis Officer.

Dr. J. McG. Williams reports as follows :—

" During 1920 there was a decided increase in the number of patients attending the Dispensary in The Quadrant. The number of new cases examined was 587, 553 at the Dispensary and 34 in their homes, as compared with 340 in 1919, while the total attendances of Coventry patients at the Dispensary amounted to 2,591, and 35 old cases were visited during the year at home. In 1919 the attendances were 1,910. These increases are due to three factors :—(a) The examination of contacts, (b) Increase in Dispensary Treatment, (c) Increase in the number of patients sent to the Dispensary for diagnosis. More than half of the new cases

were found not to be suffering from active tuberculosis or in need of treatment. For convenience in giving further information the home visits are counted as attendances at the Dispensary, *i.e.*, 587 new cases and 2,626 attendances.

The Dispensary is open on Tuesdays from 6 to 9 p.m., and on Fridays from 2 to 5 p.m., but patients can be seen on other days by appointment, and during the year the Dispensary was frequently open on Monday mornings and afternoons for the examination of contacts.

The arrangements made in 1918 for the allocation of Hospital and Sanatorium beds were continued. A few discharged soldiers were sent to Colonies for concurrent treatment and training in various trades.

Dr. Edwards remained at Bramcote Sanatorium as Medical Superintendent, and Dr. Laird continued to act as Visiting Medical Officer to Exhall Sanatorium. In May, 1920, the beds at the latter Sanatorium were increased from 36 to 42, but it is unfortunate that the expected increase of 12 beds at Bramcote has not materialised at the time of writing. The Joint Committee decided in July, 1920, to proceed with the immediate building of the King Edward VII. Memorial Sanatorium at Hertford Hill, near Warwick, and the contract with the builder has been signed and various preliminary works commenced. The Sanatorium is to provide 150 beds.

Dr. R. French continued to act as Assistant Tuberculosis Officer, and Dr. R. J. Cyriax was appointed a second Assistant Tuberculosis Officer in April, 1920, and commenced his duties in May, 1920. He has charge of the Nuneaton, Rugby and Atherstone Dispensaries. A Dispensary was opened at 5, Market Street, Atherstone, in January, and another at 1, Plowman Street, Rugby, in July.

The X-Ray Apparatus was installed at the Dispensary, 4, The Quadrant, Coventry, in January, 1920. It has been a very considerable aid in the diagnosis of Tuberculosis, and many doubtful cases were definitely diagnosed tubercular or non-tubercular by screening and photography.

The following tables give the usual information regarding the Coventry patients :—

New Patients—

Insured Males	...	...	207	587
Uninsured Males	...	...	126	
Insured Females	...	...	83	587
Uninsured Females	...	...	171	
Pulmonary	...	...	240	587
Non-Pulmonary	...	...	21	
Non-Tubercular	...	...	326	

	. On Dispensary Treatment 1st January, 1920.	Put on Dispensary Treatment during 1920.	Total.
Insured ..	18	73	91 } 181
Uninsured ..	44	46	90 }

Contacts Examined.	Tubercular.	Not Tubercular.	Doubtful—under observation.
208	22	182	4

Contacts :

	Males.	Females.	Totals.
Over 16	15	38	53
Under 16	83	72	155

Attendances of Coventry Patients ... 2,626

Attendances of County Patients ... 486

Stage of Disease (New Cases). Turban Gerhardt.

Stage I.	Stage II.	Stage III.	Non-Pulmonary.	Non-Tubercular.	Total
131	60	49	21	326	587

The 326 non-tubercular cases are excluded from the following tables :—

Age Periods (New Cases).

0-5.	5-10.	10-15	15-20.	20-25.	25-30.	30-35.	35-40.	40-45.	45-50.	Over 50.	Total.
3	28	12	42	44	49	29	14	16	15	9	261

Condition of Teeth (New Cases).

Good, up to 4 Decayed.	More than 4 Decayed.	Pyorrhœa Alveolaris	Artificial Dentures, Partial or Complete.	Total.
148	63	14	36	261

Family History of Tuberculosis (New Cases).

Near Relatives Tuberculous.	Distant Relatives Tuberculous.	No Relatives Tuberculous.	Total.
70	32	159	261

Institutional Treatment.—Information concerning the number of admissions and discharges, average length of stay, and institutions made use of during the year are given in the following tables :—

Sanatoria :—

		Admissions.	Discharges.
Beechwood (Monmouthshire)	...	0	1
Bramcote	...	34	31
Exhall	...	67	68
Northwood	...	18	19
West Heath	...	8	5
Winsley	...	20	22

Colonies :—

Nayland	...	2	—
Papworth	...	2	1

Hospitals :—

Rugby	...	6	6
		157	153

Average length of treatment (all Institutions) = 12.8 weeks.

Average length of treatment, Bramcote ... = 18.4 weeks.

Average length of treatment, Exhall ... = 11.4 weeks.

Deaths in Institutions (included in Discharges):—

Bramcote	...	...	...	...	4
Exhall	...	...	...	...	1
West Heath	..	...	...	...	3
					8

Three of whom were discharged soldiers.

Examinations of patients returning from Sanatoria and Hospitals were made as soon as possible after discharge, and the condition of the 140 patients examined is given below:—

Much Improved.	Improved.	Stationary.	Worse.	Total.
25	80	20	15	140

Institutional treatment still seems to be the best form of treatment for the tuberculous, at least at the beginning of their course, which is of necessity prolonged and somewhat irksome. It is unnecessary to point out again the reasons why arrest of the disease cannot be brought about by a few months' residence in a Sanatorium, except in the very early cases, but Sanatorium life has an educational value, which should be of great use to the patients when they return to their homes. Proper hygiene and the principles of ventilation and the prevention of tuberculosis should form part of the instruction given in Sanatoria, and the patients should be encouraged to take a hopeful view, and to think of other things than tubercle. Sanatorium patients tend to become introspective and to dwell on imaginary ills and relapses. Allowances have to be made for the changing temperament of the phthisical—at one time they are full of hope and at another they are depressed and irritable. As all the patients in a Sanatorium have, or are supposed to have, tuberculosis, they of course have ample opportunity for discussing their symptoms and comparing notes. The comparing of notes as to progress is no doubt beneficial to them, and acts as a stimulus to the more advanced cases to carry out all the rules and regulations as to treatment, so that

they may be able eventually to exercise and work in the same way as the early and arrested cases, but I doubt if it is beneficial for them to discuss symptoms, and I think the less they know of the pathology of the disease the better.

Old cases of more than 12 months' duration were also examined with a view to finding out their working capacity. The following table gives the number at work, the number fit for light work, and the number not working and unfit for work of any kind :—

Doing some work at date of examination.	Not working, but fit for light work.	Unfit for work of any kind.	Total
271	62	70	403
67%	15%	18%	

Contacts.—Examination of contacts was commenced in June, and a total of 208 was examined. Little difficulty was experienced in arranging for the examinations, and only 15 contacts failed to keep their appointments. The consent of the doctor in attendance was obtained before the examinations were made. As was to be expected, a large proportion did not shew any evidence of active tuberculosis, but if these same people are examined again in 3, 5, or 10 years' time, very different results might be found. Contact examination, to be of any value, must be carried out on certain definite lines, and repeated at intervals as long as the source of infection is present. The number of contacts attending any given dispensary would thus go on increasing each year, and it would be difficult eventually to examine satisfactorily all those who should be examined. Many of the chronic infectious tuberculous cases live for years; if they have had proper instruction in the prevention of infection, and are careful to carry out these instructions, the risk of spread of the disease is minimised and the danger is not great. If, on the other hand, they are careless or too ill to take precautions, and their friends are ignorant, there is danger of the spread of the disease to other members of the household.

Dispensary Treatment.—The number of patients having this form of treatment shews an increase of 84 over the number in 1919. I do not think it advisable to put all cases on dispensary treatment. The dispensary exists firstly as the examination

centre where cases are selected for appropriate forms of treatment; secondly, as an educational centre; thirdly, a place for the examination of contacts; fourthly, as the centre for after-care; and fifthly for treatment. In order that its first four functions may be carried out properly, it is not advisable to have too large a number of patients attending for treatment, as it is then apt to become a sort of general dispensary clinic.

X-Ray Examinations.—The number of examinations of Coventry patients made since the apparatus was erected in January, 1920, was 217. There were 134 screenings and 83 photographs. 173 examinations of the chest were made, and 44 examinations of other parts. This method of examination has been very useful in doubtful cases, and is a valuable addition to the evidence, for or against the presence of tuberculosis. Like other methods of examination, it has its limitations, but I should feel very handicapped indeed if this means of examination were not available. It is of course expensive to keep up, as tubes are now very dear, some of them costing more than double what they did in 1914. I hope that eventually the Committee will install a Coolidge Tube Set, as the Coolidge Tube has advantages over other tubes for certain examinations. Plates are also a heavy item of expenditure.

Shelters.—The arrangements between the Joint Tuberculosis Committee and the City Council for the hire of the latter's shelters continued. On the 31st December, 1920, 15 shelters were in use. During the year 4 shelters were removed from patients on ceasing to be required, and were re-erected at new addresses. One shelter not in use in 1919 was also allotted to a patient.

Children.—Two hundred and thirty children (230) up to 16 years of age attended the Dispensary. Of these 38 were suffering from pulmonary tuberculosis, 6 from non-pulmonary tuberculosis, and 186 were not definitely tuberculous. The pulmonary cases were classified into Stage I., 22; Stage II., 11; Stage III., 5. Of the children attending, 125 were boys and 105 girls.

Dental Treatment.—Arrangements were made in June, 1920, for the patients at Exhall to have dental treatment on the same lines as this form of treatment is carried out at Bramcote.

The Coventry Insurance Committee supplied three patients with artificial dentures.

The importance of a "clean mouth" and of an efficient masticatory apparatus cannot be exaggerated. I think on the whole people are paying more attention to their teeth than they did formerly. Many men had dental treatment while in the army or since their discharge as pensioners. For purposes of comparison I have set out the numbers of tuberculous patients with more than 4 teeth decayed and with septic mouths seen at the Coventry Dispensary for the last three years.

PATIENTS.

More than 4 Teeth Decayed.	Sepsis.	Year
92	36	1918
75	19	1919
63	14	1920

In November, 1920, the Ministry of Health gave their consent to the proposal that artificial teeth should be supplied to certain cases, and a commencement has been made with this work.

After-care.—Efforts to obtain suitable employment, clothing and financial help for necessitous cases were continued on the same lines as in previous years. Numerous gifts of clothing and sums of money, amounting to £36 15s. od., were received from various sources, all of which have been acknowledged and the donors thanked. There were 122 applications for help, and the cases were dealt with as follows by the Tuberculosis Nurse :—

Suitable Employment found	...	...	6
Financial Help	...	...	14
Clothing Supplied	...	...	42
Pensions Obtained or Increased	...	...	9
Sent to Convalescent Homes or Hospitals			
by Charitable Organisations...	...	...	5
Special Nursing Arrangements ...	...	...	19
Milk supplied by Coventry Insurance Committee	...	...	10
		105	
Nothing done for various reasons	...	17	
		122	

The Tuberculosis Nurse paid 676 visits to patients' homes, 104 of these being to discharged ex-service men; and the Health

Visitors paid 2,598 such visits, 168 of which were to discharged soldiers, &c.

In any consideration of the tuberculosis problem at the present time, the one factor which stands out by itself in importance is prevention. It is unfortunately a most difficult problem to solve. It is as much an economic problem as a medical one, and the cost of any complete scheme, which might be judged in the light of our present knowledge to be effective, would be enormous—perhaps even prohibitive. There are several points to be remembered when thinking of means of prevention. (1) The tubercle bacillus is practically universal in its distribution. (2) In the great majority of the human race the bacillus, though it may be present in our bodies, is harmless. (3) There is a danger in infection by a large number of bacilli, or in repeated small infections, such as those living in contact with an infectious case of tuberculosis are constantly exposed to. The resisting powers of those who are continually being infected may at any time break down, when perhaps the individual has some temporary illness or receives a large dose of bacilli. (4) It has been stated that two-thirds of the cases of non-pulmonary tuberculosis are due to infection by tuberculous milk.

Our methods of prevention should aim at—

- (a) The destruction of all sputum and infectious discharges from the tuberculous.
- (b) Instruction of the population in general in efficient hygiene in their homes and at work.
- (c) The preventive treatment of disease in its earliest and most trivial manifestations, and attention to minor ailments.
- (d) Proper control of the milk supply.
- (e) The prevention of spitting in trains, trams or on the streets.
- (f) The isolation of those cases where proper precautions cannot be carried out in their homes.
- (g) Medical inspection of certain industries where tuberculosis is specially prevalent.

The provision of adequate Sanatorium, Colony and Hospital accommodation for all cases is impossible, therefore we must fall back on educational methods and instruction for a large proportion of the cases. There ought to be, I think, sufficient Institu-

tional accommodation for those cases where it is impossible to carry out proper and efficient isolation in their homes. The Joint Committee intend to provide these hospital beds at Bramcote when their new Sanatorium at Hertford Hill is completed. In selecting cases for Sanatorium treatment, it is advisable to keep in view the question of prevention. Sanatorium statistics can of course be improved by only admitting the very early cases and those cases where the diagnosis can only be settled definitely after some weeks' observation; but these are the cases which give rise to the least danger in their homes, and many of them may recover at home with rest and instruction in hygiene, diet, etc. The fairly advanced infectious cases are not received with favour in Sanatoria, but they constitute a very real danger.

On the whole the outlook does not seem to be hopeless. There is a growing interest throughout the country in the prevention and treatment of tuberculosis, and if a little more vigour is displayed by all who are interested in this problem, the incidence and death rates should be materially reduced in the future.

I have had much help from Dr. French and Dr. Cyriax in the work at this Dispensary during the year. Nurse Shaw continues to interest herself in the welfare of the patients, and her work for the alleviation of suffering and poverty has been untiring. The clerical work has largely increased, and the keeping of records and statistics involves much work for the clerks. I am indebted to them and to Nurse Shaw for much assistance in the preparation of this Report.

I wish to thank those medical men who either attended the Dispensary for consultation, concerning their patients, or who sent letters describing the conditions present in the cases they referred for examination. Such information is always helpful. It is gratifying to note that our relations with the general practitioners have been very cordial, and close co-operation has been maintained."

DEATHS FROM TUBERCULOSIS DURING THE LAST 47 YEARS.

Year.	Estimated Population.	Phthisis.	Phthisis Death Rate.	Other forms of Tuberculosis.	Totals.	Tuberculosis Death Rate.	Averages of Tuberculosis Death Rates.
1874*	39,000	38	1.94	12	50	2.56	
1875	39,446	83	2.14	34	117	2.96	
1876	39,890	70	1.76	22	92	2.30	
1877	40,344	66	1.63	29	95	2.35	2.53
1878	40,778	84	2.06	13	97	2.37	
1879	41,222	89	2.15	22	111	2.68	
1880	41,666	78	1.87	36	114	2.74	
1881	42,111	65	1.54	28	93	2.20	
1882	42,750	62	1.47	22	84	1.96	
1883	44,000	74	1.78	15	89	2.02	2.16
1884	44,500	82	1.84	18	100	2.24	
1885	45,000	72	1.60	16	88	1.74	
1886	45,500	60	1.31	13	73	1.60	
1887	46,500	70	1.50	25	95	2.04	
1888	47,500	61	1.28	15	76	1.60	
1889	48,500	103	2.12	11	114	2.33	1.93
1890	49,500	91	1.84	21	112	2.26	
1891	52,724	78	1.47	14	92	1.74	
1892	54,000	79	1.46	33	112	2.07	
1893	54,700	70	1.28	30	100	1.82	
1894	55,300	73	1.32	32	105	1.88	1.82
1895	56,000	70	1.25	27	97	1.73	
1896	59,151	86	1.45	19	105	1.78	
1897	61,234	69	1.12	33	102	1.66	
1898	61,555	64	1.03	28	92	1.49	
1899	61,796	85	1.37	29	114	1.84	
1900	70,075	105	1.49	36	141	2.01	1.72
1901	70,300	83	1.18	35	118	1.67	
1902	73,000	81	1.10	39	120	1.64	
1903	75,700	87	1.15	43	130	1.71	
1904	77,500	78	1.00	30	108	1.39	
1905	81,000	75	0.92	29	104	1.28	
1906	83,900	88	1.04	40	128	1.51	1.51
1907	87,000	108	1.24	42	150	1.72	
1908	91,000	120	1.31	41	161	1.76	
1909	93,500	97	1.03	37	134	1.43	
1910	102,000	88	0.87	49	137	1.35	
1911	107,287	87	0.80	30	117	1.08	
1912	111,166	115	1.03	34	149	1.34	1.39
1913	115,064	140	1.21	36	170	1.52	
1914	119,003	150	1.26	30	180	1.51	
1915	122,982	152	1.23	39	191	1.55	
1916	127,089	156	1.22	41	197	1.55	
1917	130,000	156	1.20	50	206	1.58	
1918	133,000	171	1.28	41	212	1.59	1.41
1919	136,000	133	0.97	34	167	1.22	
1920	140,000	128	0.91	32	160	1.14	

* Latter half of year only.

VENEREAL DISEASES.

(a) The arrangements made by the Coventry City Council to comply with the Public Health (Venereal Diseases) Regulations, 1916, are as follows :—

Article I.—Arrangements have been made with the Lister Institute for enabling any medical practitioner engaged in the area of the Council, to obtain, at the cost of the Council, a scientific report on any material which the medical practitioner may submit from a patient suspected to be suffering from venereal disease.

Article II. (1).—A Scheme has been submitted to the Local Government Board (a) for the treatment at the Coventry and Warwickshire Hospital of persons suffering from venereal disease. The out-patient clinic is held twice weekly, Thursday at 10 a.m., for females, and Saturday at 2 p.m., for males, and is in the charge of Dr. A. Hawley as Medical Officer. Arrangements have also been made for daily treatment where this is required. No out-patient ticket is required. Medical practitioners may obtain from the Medical Officer of the Clinic reports concerning the treatment any of their patients may have undergone, with suggestions as to continued treatment, or may consult with the Medical Officer at the Clinic respecting any patient suffering from or suspected to be suffering from venereal disease. If the patient is prevented by reason of health from attending at the out-patient Clinic, the Medical Officer of the Clinic may consult with the medical practitioner at the patient's home at the expense of the patient, and (b) for supplying medical practitioners with Salvarsan or its substitutes for the treatment and prevention of venereal disease at the cost of the Council, under Regulations laid down by the Local Government Board.

Article II. (2).—Arrangements have been made at the Hospital to ensure that all information in regard to any persons treated shall be regarded as confidential.

Article III.—The Scheme has been approved by the Local Government Board.

There is an arrangement with the County Council for the treatment of cases from the neighbouring parts of the county.

(b) The accompanying return on pages 86 and 87 sets out the work done at the Treatment centre. This return includes all cases

treated, and is comparable with the table in the report for previous years.

(c) and (d) These Clinics seem sufficient to meet present demands.

(e) Medical practitioners avail themselves of the facilities provided and refer patients to the Clinic.

(f) It will be seen from the return of treatment that 49 persons out of 681 known patients ceased to attend the clinic before completing their course of treatment : a percentage of 7.1.

Facilities are available at the Treatment Centre for the irrigation of cases of gonorrhœa; for males—daily at 6 p.m., and for females daily by arrangement. For the present these appear to meet the need.

So far no facilities have been provided for the disinfection of persons who have been exposed to the risk of infection, in the form of "Early Treatment" Centres.

(i.) Twelve medical men in the City (apart from the medical staff at the Coventry and Warwickshire Hospital) are qualified to receive free supplies of salvarsan substitutes.

(ii.) It is not clear for what number of cases these substitutes have been provided, but 16 applications have been received from medical men for Galyl, and 169 doses supplied; seventeen applications for Novarsenobillon were received, and 55 doses supplied.

(iii.) It will be seen from page 62 that 472 specimens of blood were sent for the Wassermann test, of which 167 gave a positive result: 364 were sent from the Venereal Diseases Clinic, and 108 by medical practitioners.

(iv.) No action has been taken under the Venereal Disease Act, 1917, during the year.

One case of an expectant unmarried mother suffering from venereal disease was sent to a residential hostel at Wolverhampton at the expense of the Council.

VENEREAL DISEASES.

Return relating to all persons who were treated at the Treatment Centre at the Coventry and Warwickshire Hospital during the year ended the 31st December, 1920.

	Syphilis. Males. Females.	Soft Chancre. Males. Females.	Gonorrhœa. Males. Females.	Conditions other than Venereal.	Males. Females.	Males. Females.	TOTAL.
1. Number of persons who, on the 1st January, 1920, were under treatment for :—	186	89	2	...	113	11	...
2. Number of persons dealt with during the year or in connection with the out-patient Clinic for the first time and found to be suffering from :—	...	98	42	...	...	...	98
Syphilis only	...	...	...	...	...	...	42
Soft chancre only	...	...	4	...	124	12	...
Gonorrhœa only	...	...	...	...	...	...	12
Syphilis and soft chancre	...	...	...	...	...	...	...
Syphilis and gonorrhœa	...	...	...	...	...	...	...
Gonorrhœa and soft chancre	...	...	...	...	...	...	...
Syphilis, soft chancre and gonorrhœa	...	...	...	...	...	...	...
Conditions other than venereal	...	...	...	...	...	...	...
Total.	...	284	131	6	...	237	23
							585
3. Number of persons who ceased to attend the out-patient Clinic—	16	14	...	...	18	1	...
(a) before completing a course of treatment for... (b) after completion of a course of treatment, but before final tests as to cure of...	...	...	...	...	...	...	34
4. Number of persons transferred to other Treatment Centres after treatment for...	...	...	1	...	...	...	...
5. Number of persons discharged from the out-patient Clinic after completion of treatment and observation for...	4	...	...	...	...	...	4
6. Number of persons who, on the 1st January, 1921, were under treatment or observation for...	6	8	...	...	11	4	1
	258	108	6	...	208	18	12
	...	...	...	...	...	...	472
7. Total attendance of all persons at the out-patient Clinic who were suffering from...	635	311	2	3117	291	76	39
8. Aggregate number of "in-patient days" of treatment given to persons who were suffering from...	427	218	...	54	60	...	481
	...	...	...	...	...	...	278

9. Examinations of Pathological material:—

- (a) Specimens which were examined at, and by the Medical Officer of, the Treatment Centre
 (b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory

	For detection of			For Wassermann Reaction.
	Spirochetes.	Gonococci.	Other Organisms.	
	25	55	...	...
	...	...	...	291
				87

STATEMENT SHOWING THE SERVICES RENDERED AT THE TREATMENT CENTRE DURING THE YEAR, CLASSIFIED ACCORDING TO THE AREAS IN WHICH THE PATIENTS RESIDED.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales).	City of Coventry.	County of Warwick.	TOTAL
A. Number of persons from each area dealt with during the year at or in connection with the outpatient Clinic for the first time and found to be suffering from:—			
Syphilis	108	32	140
...	4	...	4
Soft chancre	...	...	136
...	112	24	75
Gonorrhœa	...	...	55
...	...	20	...
Conditions other than venereal	...	...	...
	279	76	355
B. Total number of attendances at the out-patient Clinic of all patients residing in each area	4020	751	4771
C. Aggregate number of "In-patient days" of all patients residing in each area	538	221	759
D. Number of doses of Salvarsan substitutes given in the:—(1) Out-patient Clinic (2) In-patient Department to patients residing in each area	879	393	1272
E. Give the names of Salvarsan substitutes used in the treatment of Syphilis and the usual initial and final doses	...	...	Novarsenobillon. Males. •45 grms. •9 grms. (final) Females. •3 grms. •6 grms. final
F. State the number of doses of Salvarsan substitutes usually given in a full course of treatment	...	...	Seven first course (2 months interval), then 4 more, and finally 4 at the end, in all secondary cases.
G. State in what proportion of cases, approximately, Salvarsan substitutes are used in the treatment of Syphilis	...	...	In all cases, primary, secondary and tertiary.
H. State the nature of tests applied in deciding as to discharge of patients referred to in Item 5 on previous page	...	...	After prolonged treatment of N.A.B. and Hg. 3 negative Wassermann's, and generally after a final exciting dose.

V. MATERNITY AND CHILD WELFARE.

Maternity and Child Welfare Act, 1918.

On March 6th, 1919, I presented a report to your Maternity and Child Welfare Committee concerning the provisions of this Act and the powers conferred by it on local authorities.

In the meantime the following activities, mostly in operation before the Act, are being continued or extended.

The Staff of Health Visitors, initiated in 1906, was authorised to be increased from seven to nine.

The Infant Consultation Centre, carried on in the temporary premises in the basement of the Council House, has been continued, and on account of the increase in attendances has had to be opened on five afternoons per week instead of three, and one morning.

An arrangement has been entered into with the "Dunsmoor" Maternity Home for the admission, at a weekly charge, of cases referred to them; and from February 1st, 1921, the management of the Home has passed into the hands of your Council.

The Coventry and Warwickshire Hospital has always been willing to admit difficult obstetric cases.

The provision of milk, &c., is dealt with in a later portion of this report.

Correspondence has taken place with the Board of Guardians concerning the appointment of a Health Visitor as Infant Protection Visitor under the Children Act.

MIDWIVES ACTS, 1902 AND 1918.

Of the 50 midwives who notified their intention to practise during 1920, eight have left the neighbourhood, one has asked to have her name removed from the roll, and ten have either taken one case or acted solely as maternity nurses. Of the remaining 31, only five are "bonâ-fide," i.e., untrained midwives.

During the year 96 visits have been paid by Health Visitors to midwives in their own homes; of these, 11 visits have been made when an enquiry relating to an infectious case has been necessary. On the whole the bags of the midwives have been found in a satisfactory condition; in several instances the appearance of the bag and its contents gives an impression of the high standard of work performed by the owner.

The registers of the midwives have been carefully kept, and

the details regarding pulse and temperature have been entered methodically in the books provided. The figures show that 3,106 cases have been attended during the year; of these, 267 have occurred outside the City area, leaving 2,839 cases as having taken place in Coventry. Out of these, 449 have been doctor's cases, where a midwife has been in attendance as well. This leaves 2,390 cases attended by midwives out of the total number of births occurring within the City (3,250).

Letters of caution, numbering 3, have been sent regarding failure in calling in medical aid for discharging eyes, and one verbal caution has been given for the same thing. Two letters have been sent to midwives regarding non-notification of cases of artificial feeding, and two concerning cases of still-birth occurring in the year.

Forms for sending for medical help, numbering 690, have been received during the twelve months (see accompanying list); also nine notifications of death occurring before medical aid could be summoned, 99 forms regarding artificial feeding, 12 concerning contact with infectious diseases, and four for having laid out a dead body.

The causes for sending for medical help were as follows :—

<i>For the Mother.</i>		<i>For the Child.</i>	
Prolonged Labour	... ... 144	Inflammation of Eyes	... ... 180
Lacerated Perineum	... ... 108	Debility	... ... 48
Adherent Placenta or Membranes	29	Rash	... ... 7
Premature Birth	... ... 28	Death of infant	... ... 6
Hæmorrhage	... ... 24	Jaudice	... ... 4
Abnormal Presentation	... ... 22	Deformity	... ... 4
Rise of Temperature	... ... 18	Spina bifida	... ... 4
Abortion	... ... 6	Tongue-tied	... ... 2
Breech	... ... 6	Convulsions	... ... 1
Abdominal Pain	... ... 5	Stillbirth	... ... 1
Œdema	... ... 5	Other Causes	... ... 2
Pain in Leg	... ... 4		
Exhaustion	... ... 4		
Varicose Veins	... ... 4		
Prolapse of Cord	... ... 3		
Mammary Abscess	... ... 2		
Rash	... ... 2		
Eclampsia	... ... 2		
Purulent Discharge	... ... 1		
Placenta Prævia	... ... 1		
Offensive Lochia	... ... 1		
Other Causes	... ... 12		

The Midwives Act of 1918 imposed on Local Supervising Authorities the duty of paying the fees (drawn up on a scale and approved by the Ministry of Health) of medical men called in by midwives. During 1920 fees to the extent of £171 3s. od. have been paid. These fees are recoverable from the patients, but in practice it is found that as a rule medical men do not send these accounts to this Authority until they have been unable to obtain them, for some good reason, from the patients.

Notification of Births Act.

During the year 319 notifications of live births occurring in their practices have been received from doctors, 2,675 from midwives, and 13 have been notified by parents; 31 still-births have been notified by doctors, 85 by midwives, and 2 by parents, making a total of 3,125.

Of the total of 3,256 births registered, 2,821 were notified, or 86.6 per cent.

REPORT OF THE SUPERINTENDENT HEALTH VISITOR.

Miss Barratt reports as follows :—

" During the year 2,977 first visits have been paid to infants who have been born either in the City or in another town, and whose names have been notified by the Medical Officer of Health of that town or district. These visits are timed to take place soon after the midwife has ceased attending; the Health Visitor is welcomed by the mother, for she frequently is in need of advice just at that time, and has no one to turn to; occasionally the infant is cross or irritable because the mother has resumed her household duties very early. In most cases the mother is urged to continue breast-feeding her infant; unfortunately, there are many neighbours or near relatives who, quite innocently, advise a young mother to try artificial feeding before it has been proved that the infant is not thriving on its natural food. The mother is urged to bring the child to the Infant Welfare Centre at the Council House to prove by its increased weight that it is making satisfactory progress.

In many cases where the father has been found to be out of work, the mother is urged to apply for free groats and milk for herself, in order that she may continue to nurse her baby successfully.

Cases of illness or injudicious feeding are reported to me, such

as infants of a few weeks old having bread-sop or being fed on an artificial food quite unsuitable for a child of a few weeks. In all such cases the mother is urged to substitute either cow's milk or a dried milk for the food she was already giving. By visiting all cases quite early, I am convinced that many infants are saved a considerable amount of unnecessary suffering when the advice given by the Health Visitor is carried out.

Re-visits.—Re-visits are made more frequently to delicate and ailing infants than to those who are naturally fed, but it has often been found, when re-visiting the latter, that the mother has had to resort to artificial feeding after a few months of breast-feeding. Worry is frequently given as the cause of this change; the uncertainty of the father's work or the total lack of employment, is given as the primary factor in nearly all the cases. The mothers have often expressed their appreciation of the advice given.

There have been 4,828 re-visits made to children under twelve months old and 4,051 to children from one year old to five years, making a total of 8,879 re-visits altogether.

Cots.—In every house that is visited on account of a birth, the mother is urged to obtain a cradle or cot, or to improvise temporarily a safe place for the infant to sleep in at night. The knowledge that the health of the infant is better for this arrangement is gradually spreading, judging by the high percentage of cots provided or promised.

Comforters.—The use of the "dummy" or comforter is always discouraged, mothers being warned of the dangers that ensue from their constant use. I am glad to state that the percentage of infants having comforters when first visited has decreased this year.

Deaths.—A few cases of deaths among infants under one year have been visited; in most of the cases of deaths occurring, the infant had been visited recently, and the Health Visitor was satisfied that everything necessary was being done to save the infant.

BIRTHS VISITED DURING THE YEAR 1920. Total number, 2,977.

		Totals.	Percentage.
Kind of feeding —			
(1) Entirely breast fed	...	2480	83.3
(2) Hand and breast fed	..	131	4.4
(3) Entirely hand fed	...	326	10.9
(4) Unclassified	...	40	1.3
Kind of food—(when hand-fed)—			
(1) Fresh cow's milk and water	..	129	28.2
(2) " " and barley water	30	6.6	
(3) " " with Patent Foods	26	5.7	
(4) Dried Milk	...	212	46.4
(5) Condensed Milk	..	52	11.4
(6) Biscuits, bread-sop, etc.	..	8	1.7
Mode of feeding —			
(1) Boat shaped bottle	..	428	93.6
(2) Long tube bottle	..	11	2.4
(3) Both	...	3	0.6
(4) Spoon	..	15	3.3
Class of house : rent—			
(1) Up to 5/-	...	407	13.7
(2) Above 5/- up to 8/-	...	1508	50.6
(3) Above 8/-	...	102	34.3
(4) Unclassified	...	40	1.3
Overcrowded Houses—			
More than two persons per bedroom	No. of houses	1474	49.5
Not classified —			
Wrong address given, or removed, or death of baby before visit	...	40	1.3
Infants sleeping in cots	...	1897	63.7
Promises to get cots	...	370	12.4
Comforters used	...	789	26.5

Infant Consultation Centre.

"The Infant Welfare Rooms in the basement of the Council House have been open five afternoons per week during the year. Infants from a few weeks old to children nearing school age are brought to be weighed, and at the same time the adult who brings the child receives advice with regard to feeding, diet, etc. The work carried on at this centre and the home visiting done by the Health Visitors are very intimately connected; frequently an ailing infant is discovered and the mother is induced to bring it to be weighed and receive advice regarding its future management. When a child is found needing medical aid, the mother is advised to see her own doctor, or in a few instances to take the infant for treatment to the hospital. Tickets for this purpose are provided when it is found that the mother cannot obtain one.

In one room infants' clothes are exhibited which are of a sensible and hygienic character; paper patterns are given away when a mother has expressed a desire to make garments of a similar nature. The old-fashioned hard binder still frequently seen is discouraged, and knitted vests and belts are displayed and their advantages pointed out.

Three mothers have been assisted by paying part of the cost of surgical boots, splints, etc., for their children, owing to the inability of the parents, through slackness of work, to afford the entire cost.

Dried milk of two varieties is kept and sold to the mothers at cost price; groats (to make gruel for nursing mothers) are also sold at a reduced rate. About 1,078 mothers have availed themselves of these opportunities and purchased either or both.

Expectant and nursing mothers, and children under 5 years, have been assisted by being given dried milk and groats free of charge when the home circumstances prevented the mother buying sufficient milk or nourishment for herself and infant. By doing this, I feel confident we have been the means of preventing the mother losing her breast milk, and been able to save many artificially fed infants from having unsuitable food of a cheap patent variety. Towards the latter end of the year these numbers increased rapidly owing to the unemployment existing in the City. During the year 15,194 lbs. of groats have been given away, and 27,826 lbs. of dried milk. About 24 tons of dried milk and 3½ tons of groats have been distributed altogether during the year.

The number of attendances during the year has been 25,901, making an average of 498.07 per week. Also 1,947 mothers and infants have been seen at the Centre during the twelve months."

Dinners for Mothers and Young Children.

Early in 1920 the Maternity and Child Welfare Committee made arrangements with the National Restaurant Committee for dinners to be provided for expectant and nursing mothers and children under five years, when it was ascertained that they were not getting sufficient nourishment through the unemployment existing in the City. The cost of the dinners has been defrayed by the Maternity and Child Welfare Committee.

During the year 7,699 dinners have been given to 199 mothers, and 9,747 dinners to 227 children under five years, for varying lengths of time.

Maternity Beds.

The Ministry of Health having sanctioned the use of "Dunsmoor" Maternity Home as a temporary measure, appropriate cases have been sent there through the Maternity and Child Welfare Committee. Five expectant mothers were awaiting admission on January 1st, 1920, the arrangements having been made the previous year; thirty expectant mothers have had a bed offered them in 1920, five of whom refused to entertain the idea. Out of the thirty who accepted or were waiting, fifteen infants were born in the institution, part of the fees in each case having been paid by the Maternity and Child Welfare Committee; six of the mothers changed their minds or for other reasons did not go in, while two others were admitted to the Infirmary, leaving seven cases awaiting admission on December 31st, 1920.

Puerperal Fever.

Eleven cases of this disease were notified and four deaths were registered as due to it. A comparison of these figures with those of previous years is given on page 58.

When notified, these cases are visited by the Health Visitors, who report about them, and also give advice concerning the disinfection of those in attendance before attending other confinements.

Ophthalmia Neonatorum.

There have been 109 cases of Ophthalmia Neonatorum notified during 1920. As eighty-eight of them have been notified by

midwives and 32 by doctors, it would appear that 11 have been notified by both. The number notified is probably unduly large, as the midwives are encouraged to notify as Ophthalmia all cases where the slightest discharge exists.

Of the 109 cases, 105 of them are said to have made a total recovery; two have died before recovery was complete, one infant is said to have had one eye permanently injured, and one to be totally blind in one eye. None of these cases were nursed in hospital.

Measles.

Fourteen deaths were registered as due to Measles. All of these were among children under five years of age.

Two hundred and thirty-four cases of Measles among school children were visited by the School Nurses, and others by the Health Visitors.

MEASLES, 1890—1920.

Year.	Population.	No. of cases notified.	No. of deaths.	Mortality per 10,000 of the population.
1890	49,500	..	1	0·20
1891	52,724	1,341	36	6·82
1892	54,000	332	4	0·74
1893	54,700	39	..	..
1894	55,300	2,353	54	9·76
1895	56,000	116	3	0·53
1896	59,51	1,205	35	5·91
1897	61,234	..	16	2·61
1898	61,555	..	29	4·71
1899	61,796	..	13	2·10
1900	70,075	..	50	7·13
1901	70,300	..	3	0·42
1902	73,000	..	..	..
1903	75,700	..	57	7·52
1904	77,500	..	..	..
1905	81,000	..	60	7·40
1906	83,900	..	1	0·11
1907	87,000	..	20	2·29
1908	91,000	..	3	0·32
1909	93,500	..	67	7·16
1910	102,000	..	6	0·58
1911	107,287	..	66	6·15
1912	111,166	..	52	4·67
1913	115,064	..	9	0·78
1914	119,003	..	25	2·10
1915	122,982	..	87	7·07
1916	127,089	2,432	42	3·22
1917	130,000	871	21	1·61
1918	133,000	1,111	8	0·60
1919	136,000	1,755	14	1·02
1920	140,000	—	14	1·00

Arrangements have been entered into with the Coventry District Nursing Association and with the Foleshill District Nursing Association for the home nursing of cases of Measles or German Measles when this appears to be called for.

During the year the Coventry Nursing Association made 91 visits to 10 cases residing in 8 households. All the cases recovered.

Whooping Cough.

Notifications were received from Head Teachers of Schools as to 123 alleged cases of this disease occurring in the homes of children, and twelve deaths were recorded.

Epidemic Diarrhoea.

Eight deaths were registered as due to Epidemic Enteritis and five to Diarrhoea not returned as infective. Reference to the table on page 55 will show how this figure compares with previous years. In this table deaths from such ill-defined causes as Enteritis, Gastro-enteritis, etc., are not included.

Still Births.

No system of *registration* of still-births exists in this country. Under the Notification of Births Act, still-births (after a certain period of gestation) are notifiable. During the year 31 cases were notified by medical men, 85 by midwives and two by parents. There are no legal requirements as to the disposal of the bodies of still-born infants.

The Superintendent of the Cemeteries kindly furnishes me each month with a record of those that are buried at the Coventry Cemeteries; from these it appears that 113 bodies of infants said to have been still-born were buried in the Cemeteries during the year; of these 63 were certified by medical men as having been still-born, and 50 by midwives. Of these 3 were born outside the City.

VI. SANITARY ADMINISTRATION.

STAFF.

Inspectors of Nuisances, etc.

The staff of Inspectors is set out on page 2. Their work is dealt with on pages 37 to 42.

Mr. Holmes resigned in May, 1920, to take up an appointment at Bristol. Mr. Scanlon, who was appointed Assistant Inspector

in June, 1920, resigned in August upon obtaining an appointment at Manchester.

Mr. McClelland was appointed an Assistant Inspector on September 7th, and commenced duty on October 4th.

Health Visitors.

Particulars of the staff are set out on page 3.

The summary of the work of the Health Visitors under the headings of their different duties is as follows:—

(1) Visits in regard to births; these have been spoken of under the heading of Maternity and Child Welfare, pages 90-92.

(2) Visits relating to home work are referred to on page 48.

During the year the Health Visitors have paid 99 visits to workshops where females are employed.

(3) Infectious Disease. Visits, numbering 2,785 have been made with regard to infectious diseases; the greater proportion being in connection with Tuberculosis (2,598).

Of the remaining 187 visits, 126 have been paid to cases of Ophthalmia Neonatorum, 33 to Measles, 8 to cases of Malaria, 8 to Encephalitis Lethargica, 7 to Puerperal Fever, and 5 to Acute Poliomyelitis.

(4) Work in connection with the Midwives Acts is referred to on page 88.

(5) Other miscellaneous work. During the year 1,092 miscellaneous visits have been made. These include the inspection of the public lavatories for women, visits in respect of neglected homes, dirty premises, dilapidations, alleged nuisances, over-crowded houses, and any other special information required by the Medical Officer of Health.

Throughout the year 262 nuisances and 132 dirty houses were reported to the Medical Officer of Health.

Classification of visits paid during 1920:—

Notified Births visited	...	...	...	2,977
Re-visits to Notified Births	...	...	...	8,879
Ante-natal Visits	...	...	...	197
Still-births	...	...	...	58
Infants' Deaths enquired into	...	...	...	16
Infectious Diseases	...	...	...	187
Phthisis	...	...	...	2,598
Outworkers	...	...	...	28
Workshops	...	...	...	99

Midwives	...	...	...	...	96
Mentally Deficient Cases	...	...	...	...	225
Miscellaneous	...	...	...	...	1,092
Hints on Feeding— ¹⁵¹ posted.					
Nuisances reported	...	...	...	...	262
Dirty houses found	...	...	...	...	132
Neglected homes	...	...	...	...	3

HOSPITAL ACCOMMODATION FOR INFECTIOUS DISEASES.

The City and Pinley Isolation Hospitals.

At the City Hospital 234 patients have been under treatment. Twenty-one patients were remaining in at the beginning of the year, 1 was sick staff, and 212 were admitted during the year,

Of these patients, 98 were admitted from the Foleshill Rural District (5 Diphtheria and 93 Scarlet Fever), and 1 Scarlet Fever from the Coventry Rural District.

Particulars concerning the illnesses suffered from are given in the subjoined table.

Of the 33 patients admitted as Diphtheria (dealing only with the 32 discharged during the year), 20 were admitted with a view to Tracheotomy being performed if required. One of these was transferred to the Coventry and Warwickshire Hospital, being a case of a foreign body in the larynx. Of the remainder, 16 were operated on, 12 of whom satisfactorily recovered. In 3 cases recovery occurred without operation.

DISEASE.	In Hospital Jan. 1, 1920.	Admitted during 1920.	Total	Recovered.	Died.	Remaining in Hospital Jan. 1, 1921.	Fatality per cent completed cases
Scarlet Fever	13	183	196	170	2	24	1·16
Diphtheria	7	26	33	26	6	1	18·7
Foreign Body in Larynx . ..	..	1	1	1*	..	..	..
Typhoid Fever .. .. ..	..	2	2	1	..	1	..
Sick Staff	1	1	2	2	..	..	..
	21	213	234	200	8	26	3·84
	<u>234</u>			<u>234</u>			

* Transferred to Coventry and Warwickshire Hospital.

No patients were admitted to the Pinley (Small Pox) Hospital.

The average period of stay of those patients who were admitted during the year to the City Hospital was 44.5 days.

The maximum, average, and minimum numbers of patients in the two Hospitals were as under :—

	Maximum No. of Patients.	Average No. of Patients.	Minimum No. of Patients.
City Hospital	44	27	14
Pinley Hospital	—	—	—

The current expenses of the City Hospital during the last financial year, ending 31st March, 1920, amounted to £5,472 1s. 5d.; those for the Pinley Hospital to £599 14s. 2d.

During the same time the sum of £278 4s. 2d. was received on account of the admission of patients to the City Hospital from outside districts, etc.

The current quarterly expenses of the two Hospitals in 1920 were as under :—

	City Hospital. £ s. d.	Pinley Hospital. £ s. d.
1st Quarter	1488 8 8	203 4 2
2nd Quarter	850 13 4	125 7 3
3rd Quarter	1165 17 2	2 11 0
4th Quarter	1348 2 5	34 11 9
	<hr/> <hr/> £4853 1 7	<hr/> <hr/> £365 14 2

For the City Hospital, the sum above stated for maintenance expenses, divided among the average number of patients, amounts to 68s. $\frac{3}{4}$ d. per head per week.

The average sum expended per week during the year for diet amounted to £22 16s. $1\frac{1}{4}$ d.; this, divided among the average number of patients and boarded staff, comes to 9s. $\frac{1}{2}$ d. each per week, or the cost of diet for each boarded person was 1s. $3\frac{1}{2}$ d. per day.

Disinfecting and Ambulance Station.

The following figures represent the work that has been done in connection with the Disinfection and Ambulance Station :—

Visits paid to houses where infectious disease was suspected or notified—764.

Patients removed to the City Hospital—114.

Patients removed to the Pinley Hospital—0.

Houses disinfected by fumigation or spraying—410.

Articles disinfected by steam—3,864.

Disinfection of rooms by fumigation or spraying, and of clothing, etc., by heat, has been carried out when necessary.

Public Mortuary.

The Public Mortuary has been used on 18 occasions during the year.

Fourteen of the bodies were brought in by the horsed ambulance, three by the Police, and one by the Relieving Officer.

The post-mortem room was used four times.

In four instances the bodies were brought in expressly for the purpose of making post-mortem examinations.

The particulars concerning the other bodies received into the Mortuary are as follows:—Suicides, 4; Died in streets or other public places, 2; Found Drowned, 1; Sudden death, 7.

LOCAL ACTS AND ADOPTIVE ACTS IN FORCE IN THE CITY.

Coventry Corporation Act, 1900.

Coventry Corporation Act, 1907.

Coventry Corporation Act, 1911.

Coventry Corporation Act, 1920.

The Infectious Disease (Notification) Act, 1889.

The Infectious Disease (Prevention) Act, 1890.

The Public Health Acts Amendment Act, 1890.

The Museums and Gymnasiums Act, 1891.

The Private Street Works Act, 1892.

The Public Libraries Acts.

The Baths and Washhouses Acts.

The Public Health Acts Amendment Act, 1907 (Various parts).

CHEMICAL AND BACTERIOLOGICAL WORK.

Chemical examinations of water are carried out by the Public Analysts.

Bacteriological examinations of samples of water and of milk are arranged for with the Pathological Department of Birmingham University. (For results of water examinations see pages 34-35, and for milk, page 50).

Bacteriological examinations in aid of the diagnosis of infectious disease are performed by the Lister Institute, the results of which for the year are shewn on page 62.

PUBLIC ANALYSTS' REPORTS.

SALE OF FOOD AND DRUGS ACT, 1875.

Summary of the Reports of the Public Analysts for the City of Coventry upon the articles analysed by them under the above Act for the year ending 31st December, 1920.

Articles submitted for Analysis.	State whether the Sample was submitted to the Analysts by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated, what were the nature and extent of the Adulterations.	Observations.
Milk	Samples 97 Mr. W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	All Genuine	
"	I	Adulterated—Deficient of 10 % of fat	Cautioned by order of Sanitary Committee. Vendors to be kept under observation
"	I	Adulterated—Deficient of 10 % of fat	
"	I	Adulterated—4·5 % of added water	

FIRST QUARTER.

Milk	Samples		
	97	Mr. W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	All Genuine
"	I	„	Adulterated—Deficient of 10 % of fat
"	I	„	Adulterated—Deficient of 10 % of fat
"	I	„	Adulterated—4·5 % of added water

SECOND QUARTER.

Milk	Samples		
	67	„	All Genuine
"	I	„	Adulterated—Deficient of 13 % of Fat
"	I	„	Adulterated—23 % of added water
"	I	„	Adulterated—7 % of added water
Butter	2	..	Genuine

SALE OF FOOD AND DRUGS ACT, 1875. *continued.*

Articles submitted for Analysis.	State whether the sample was submitted to the Analysts by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated, what were the nature and extent of the Adulterations	Observations.
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THIRD QUARTER.

Milk	Samples	Mr. W. H. Clarke Food & Drugs Inspector to the City of Coventry.	All Genuine	
"	I	"	Adulterated—8 % of added water	Prosecution. Fined £10 and costs, £1 1s. 6d.
"	I	"	Adulterated—9 % of added water	Prosecution. Fined £10 and costs, £1 1s. 6d.
"	I	"	Adulterated—Deficient of 6 % of Fat	To be kept under observation
"	I	"	Adulterated—4 % of added water	To be kept under observation

FOURTH QUARTER.

Milk	Samples	..	All Genuine	
"	I	"	Adulterated—14 % of added water	Dismissed on payment of costs and analysts' fee
"	1	"	Adulterated—11 % of added water	Same vendor. Total costs, £2 12s. od.
Butter	15	..	All Genuine	
Lard	12	"	"	
Margarine	10	"	"	
Milk Food (Dried Milk)	3	"	"	

VII. OTHER SERVICES.

MENTAL DEFICENCY ACT, 1913.

The following is from the Annual Report of the Mental Deficiency Committee :—

" There have been 82 cases under consideration during the year.

Eight cases have been admitted to certified institutions as follows :—London Road Institution, 4; Stoke Park Colony, 2; Midland Counties Institution, 1; Darenth Certified Institution, 1.

One case was withdrawn from the Midland Counties Institution by permission of the Board of Control. Thirty-seven statutory and twenty-five voluntary cases have been under supervision in their own homes.

Two hundred and twenty-five visits have been paid during the year to the homes of cases coming under the consideration of the Mental Deficiency Committee.

During the year two " criminal " defectives became chargeable (in part) to this authority upon their transfer from state institutions to certified institutions.

The Board of Control renewed their approval for a period of one year, of the admission of a limited number (18) of mental defectives above 16 years of age to the Coventry Poor Law Institution."

The following table shows the number of cases on record at the close of 1920 :—

No. of Statutory Committee cases	Male.	Female.	Total.
32	28	60	
Of these there are—			
In Certified Institutions ...	6	4	10*
In the Poor Law Institution	2	9	11†
In the Asylum	2	—	2
Under supervision in their own homes			
22	15	37	

* Two of these were sent by outside agencies.

† Three of these are criminal defectives detained upon a Magistrates Order or by order of the Home Secretary.

Eleven cases have been notified by the Education Committee during the year, 6 boys and 5 girls.

As there were only five Magistrates approved by the Lord Chancellor for signing certificates under the Lunacy Acts, occasional difficulties had been met with in obtaining their assistance

The Mental Deficiency Committee therefore made a representation to this effect to the Justices, and as a result of their action the Lord Chancellor approved six further Justices for this purpose.

BLIND PERSONS ACT, 1920.

The following is extracted from the report of the Medical Officer of Health to the Sanitary Committee, October 7th, 1920 :—

"The above Act came into operation on the 10th September last. I have received from the Town Clerk a copy of the Act, together with various Memoranda issued by the Ministry of Health in connection with it. The Act, among other things, makes it the duty of the Council of every County and every County Borough to make arrangements to the satisfaction of the Minister of Health, for promoting the welfare of blind persons ordinarily resident within their area; and such Councils may for this purpose provide and maintain or contribute towards the provision and maintenance of workshops, hostels, homes or other places for the reception of blind persons, and, with the approval of the Minister of Health, do such other things as may appear to them desirable for the purpose aforesaid. The Council must, within twelve months after the passing of the Act, prepare and submit to the Ministry of Health a scheme for the exercise of their powers.

The Act in no way interferes with the existing powers and duties of Local Education Authorities in regard to the education of blind children, or with their powers in connection with the provision of higher or technical education for blind persons above school age.

The Memorandum issued by the Ministry of Health proceeds as follows :—

"1. Apart from the duties and powers vesting in Local Education Authorities with regard to the education and training of blind persons, it has hitherto devolved upon voluntary agencies to make such provision for the blind as lay within their power. The obligation now imposed on County and County Borough Councils by the Blind Persons Act will involve detailed consideration of the requirements of blind persons at all ages and of very varying physical and mental capacity, and it will be found desirable for the Council to proceed at once to the appointment of a Committee in the manner specified in Section 2 (4) of the Act, and, as a first step in the preparation of a scheme, for such Committee to place itself in communication with the voluntary agencies already engaged in work for the blind in the area, with a view to a survey of the number, classification, condition and needs of the blind persons known to these agencies, and in order to acquaint themselves with what is already being done for the blind.

2. It is open to a local authority either of itself to make the necessary provision contemplated by the Act, or to assist an existing agency. In the latter case it may be desirable that the Council should be represented on the governing body of the agency, and such representation will, it is believed, be cordially offered and welcomed.

3. In view of the limited number and scattered distribution of blind persons, it is important, in the interests of efficiency and economy, that local authorities should agree to formulate combined schemes at any rate for certain portions of the work, and it will often be convenient for the local authority, in whose area institutional or other provision is already made by a voluntary agency, to act as the centre of the combined area."

This Council becomes the Registration Authority for registering charities having to do with the blind, which charities come under the provisions of the War Charities Act, 1916. The Memorandum of the Ministry sets out at length various matters, which will have to receive consideration in connection with blind persons, dealing with :—

Children under School Age; Education and Training of Children and Young Persons; Employment; Home Workers; Hostels; Home Teaching; Homes; Unemployable Blind living in their own homes; Registration.

The actual work under the Act can be undertaken directly by the Council, or through the agency of existing voluntary committees working in co-operation with the Council.

It will be necessary that a scheme shall be prepared in connection with the Act.

Before this can be done the preliminary question has to be determined as to the committee of the Council which will be responsible for carrying out the duties under the Act. The Act itself lays it down that the Council may delegate its powers to an existing committee, or may appoint a special committee with or without co-opted members, to deal with the matter.

The inconveniences of specially appointed committees dealing with separate Acts or powers are fairly obvious. Your Council already has special committees for the Mental Deficiency Act, the Maternity and Child Welfare Act, Venereal Diseases, and Tuberculosis, and it may be suggested that probably the duties could equally well be performed by an existing committee or sub-committee."

The Council's powers under the Act were subsequently delegated to the Sanitary Committee.

SANITARY CONDITION OF THEATRES, MUSIC HALLS,
&c.

The following is taken from the report of the Medical Officer of Health to the Sanitary Committee on September 9th, 1920 :—

“ The following circular letter has been received from the Ministry of Health :—

(Circular 120).

“ Ministry of Health,

Whitehall, S.W. 1.

25th August, 1920.

Sir,

I am directed by the Minister of Health to state that numerous complaints have recently been addressed to him respecting the unsatisfactory sanitary conditions, more especially in the accommodation for the artistes and staff employed, which obtain in theatres and music halls in different parts of the country.

Many of the complaints relate to the want of proper lavatory accommodation, insufficient ventilation, and the dirty state of the dressing rooms, etc. Other complaints have not been concerned solely with insanitary conditions, but have included instances of defective structural conditions, inadequate precautions against fire, etc. It has been urged that the sanitary conditions in many theatres and music halls are so unsatisfactory as to endanger the health of persons employed in the performances.

The Ministry are satisfied that in many instances the complaints have been justified, and I am accordingly to suggest that arrangements should be made by the Sanitary Authority for all theatres, music halls and other places of public entertainment in their district to be visited periodically by inspectors of nuisances, who should report both to their Authority and to the Licensing Authority any cases in which the conditions are found to be unsatisfactory.

I am to add that the Secretary of State is suggesting to the Licensing Authorities that where any such report is received by them, they should cause the licensee of the premises to be informed that unless the conditions are promptly remedied the matter will be taken into consideration when the question of the renewal of the licence comes before them. The Secretary of State is also suggesting that when considering an application for the grant or renewal of a licence in respect of any theatre, music hall, or other place of public entertainment, the Licensing Authority should require a certificate from the inspector of nuisances that the condition of the building is satisfactory in sanitary and other respects, and if they desire to grant or renew the licence they should attach such conditions to it as will ensure the building being maintained in a proper state.

I am, Sir,

Your obedient Servant,

(Sgd.) H. O. STUTCHBURY,

Assistant Secretary.

The Clerk to the Local Authority.”

Not a great deal has been done locally in connection with the supervision of the sanitary condition of places of entertainment. These are not placed specifically by the Public Health Act under the control of the Sanitary Authority, though doubtless, if nuisances arose in connection with them, they could be dealt with as such. When complaints have been received, they have been attended to and dealt with, but no systematic visitation has been instituted. On December 10th, 1918, at the request of the Watch Committee, through your Committee, I reported to them concerning the ventilation of the existing cinema houses. A note was made by that Committee of the defects drawn attention to, and the owners communicated with at the time when the renewal of their licences was being considered. As pointed out in the circular letter of the Ministry, the Local Authority can, with the co-operation of the Licensing Authority, exercise considerable powers in regard to the improvement of the sanitary condition of places of entertainment, and I think it would be well that the suggestions of the Ministry should be carried out."

Subsequently an examination of the sanitary condition of the theatres, music halls, etc., was made, and a report forwarded both to the Watch and the Sanitary Committees, the former Committee drawing the attention of the licensees to the defects found on the occasion of the revision of the annual licences.

DISEASES OF ANIMALS ACT AND ORDERS OF THE BOARD OF AGRICULTURE.

Mr. Clarke, Inspector under these Acts, reports as follows :—

" It is gratifying to observe that no outbreaks of Swine Fever, Parasitic Mange, Glanders, Anthrax, or Foot and Mouth Disease, have been recorded during the past year. The periodical cleansing and disinfecting of the Markets and Sale Yards, have been carried out in the manner prescribed by the Market and Sales Order, 1910, and there has been no case of any of the scheduled diseases observed by the Veterinary Inspector in attendance."

FERTILISERS AND FEEDING STUFFS ACT, 1906.

Six samples of barley meal were submitted to the Official Agricultural Analyst, who certified that only three of the six samples could be considered of commercially genuine quality, the other samples containing a fair quantity of meals not derived from barley.

RATS AND MICE DESTRUCTION ACT, 1919.

Mr. Clarke, the Executive Officer under this Act, reports as follows :—

" This Act came into operation on January 1st, 1920, the attention of occupiers of premises being directed to their new obligations under the Act, by means of posters and handbills.

During the year complaints have been received with respect to 114 rat infested premises.

Particulars of each case have been entered on a card, also the action taken, and results obtained. These cards shew that in 94 cases an improvement has been effected, and that no rats have been seen on the premises since poison baits were laid, or rat lime trays used, or smoke or sulphur applied to the runs, or defects in drains remedied. Altogether, 564 poison baits have been put down, and 545 visits and re-visits have been made to rat infested premises. In addition, 278 tins of poison have been supplied to the occupiers of dwellings, stores, shops, and allotment gardens.

A " Rat Week " was held in February, but not in November, as it was thought that a more useful purpose would be served by laying poison baits on the benchings of the sewer manholes, and this was accordingly done during the week in question.

During the year the carcases of 3,704 rats, caught within the City, have been destroyed at the Corporation Refuse Destructor.

Apart from the nuisance arising from these pests, the damage to property and food stuffs is considerable, and it is imperative that everything possible should be done to exterminate pests which have not only been found to destroy food, but have actually eaten buttons from coats in a clothier's shop.

To obtain satisfactory results it is most essential that attacks on these vermin should be persistent and continuous, otherwise the vermin multiply and so invade other premises."

VIII. HOUSING.

Certain particulars asked for by the Ministry of Health regarding the general housing conditions in the City were furnished in the report for 1919. In the main these are similar to-day, with the following additional particulars :—

Schemes completed.—During the year 31 hostels have been converted into 341 cottages at Whitmore Park; also the conversion of 5 hostels into 55 cottages at Barras Heath has been completed.

Schemes in progress.—The work of converting 26 hostels into 286 cottages is in progress at Whitmore Park; 80 houses are in course of erection at Stoke Heath, this being an extension of the Stoke Heath Scheme, carried out during the War; 181 houses are in course of erection on “builder's own sites,” under Sec. 12 (3) of the Housing Act, 1919 (some of these houses are now ready for occupation).

Two hundred and fifty-eight houses are being erected on partially developed sites, viz., Keppel Street, Swan Lane Estate, Hastings Road, Stoke Green, and Gosford Park Estate.

The Binley Road Scheme, which provides 56 houses, is nearing completion, some of the houses being ready for occupation.

Schemes are in course of preparation for the lay-out of the Radford Site, on land acquired from the Freemen's Trustees; this scheme provides for about 1,400 houses. Two other Schemes, at Styvechale and Lydgate Road, make provision for 118 and 205 houses respectively.

HOUSING OF THE WORKING CLASSES.

It has not been possible during the past year to put into operation the Clauses of the Housing Acts relating to the closure of unfit houses, owing to the absence of alternative accommodation for displaced tenants. However, your Sanitary Committee resolved to take action under Section 28 of the Housing Act, 1919, in respect to fifteen houses, not in all respects reasonably fit for habitation. Notices were served on the owners of these houses, and improvements were commenced early in 1921.

The usual re-inspection was made during the past year of all houses which had, since the passing of the Act of 1909, been converted from back-to-back to through-ventilated houses; and it is satisfactory to report that, with one exception, the houses were properly occupied as through houses.

Housing, Town Planning, etc., Act, 1919.

Detailed Statement showing action taken in connection with Houses considered by the Sanitary Committee, during the year 1920 :—

Situation of Houses.	Action taken by the Sanitary Committee.	REMARKS.
Nos. 2, 4, 6, 8, Day's Lane, and 1, 2, 3, 4, 5, East Street ...	Notices served under Section 28 of the Housing Act, 1919 ...	In abeyance at close of the year. Improvements commenced in Feb., 1921.
Nos. 62, 63, 64, 65, 66, 67, White Friars' Lane	Do.	Do.

Housing and Town Planning Act, 1909.

The following Table summarises the action which was taken under this Act, and the results which have followed :—

Year.	Houses inspected by Housing Inspector.	Number of representations made to Local Authority, with a view to the making of Closing Orders	Number of Houses considered by Local Authority.	Number of Closing Orders made.	Number of dwelling-houses in the defects in which were remedied without the making of Closing Orders.	Number of dwelling-houses which, after the making of Closing Orders, were put into a fit state for human habitation.	Number of Closing Orders rescinded.	Number of dwelling-houses voluntarily closed.	Number of Demolition Orders made.	Number of Houses Demolished.
1910	24	24	24	24	1	4	5	3	1	2
1911	212	114	114	92	..	..	34	2	3	7
1912	44	107	107	29	11	..	10	..	36	21
1913	91	107	107	87	47	..	..	..	10	50
1914	116	91	54	17	16	15	..	..	19	38
1915	25	20	20	20	..	25	16	..	..	21
1916	2	2	2	2	..	..	13	..	..	6
1917	..	..	..	..	..	..	..	..	..	..
1918	..	..	..	..	..	..	..	..	..	..
1919	33	33	33	3	..	..	..	..	..	..
1920	..	..	..	..	..	..	..	..	..	..
..	547	498	498	309	76	107	83	5	76	145

The City Engineer kindly provides the following information:—

Year.	Houses.	PLANS APPROVED.						Schools.	Streets.	Totals.
		Factories and Workshops	Alterations and Additions.	Miscellan's	Public Buildings.	Churches.	Chapels.			
1901	304	10	60	36	0	1	1	0	2	414
1902	556	29	53	66	0	0	0	0	10	714
1903	810	16	95	68	1	0	0	1	4	995
1904	535	26	80	56	3	0	0	0	16	716
1905	523	33	69	50	1	0	0	1	8	685
1906	1116	55	45	64	4	0	1	2	26	1313
1907	1275	70	45	105	1	0	1	4	35	1536
1908	1084	16	42	94	2	1	1	0	17	1257
1909	1030	40	54	111	1	1	0	2	4	1243
1910	1205	34	62	141	2	0	1	2	30	1477
1911	1386	40	62	147	8	0	0	2	5	1650
1912	622	69	102	140	3*	0	0	3*	16	955
1913	1236	75	98	113	7	0	0	1	15	1545
1914	1189	43	91	118	2	1	0	4*	3	1451
1915	510	77	46	119	2*	2	0	0	6	762
1916	163	75	55	86	1	0	0	0	2	382
1917	287	69	34	46	3	0	0	0	8	447
1918	71	41	27	50	0	0	0	0	0	189
1919	126	63	54	272	2*	0	0	0	1	518
1920	686	55	55	308	..	..	..	..	2	1106

BUILDINGS COMPLETED.										
1901	426	8	27	18	0	1	1	1	0	482
1902	403	18	19	21	0	0	0	0	6	467
1903	622	15	34	8	2	0	0	0	6	687
1904	671	13	39	21	0	0	0	2*	0	746
1905	378	14	14	11	2	0	0	1	6	426
1906	728	34	7	16	2	0	0	2	13	802
1907	10 0	48	20	32	2	0	0	1	18	1131
1908	1188	26	21	44	2	0	2	1	7	1291
1909	1169	32	28	49	5	0	0	1	14	1298
1910	959	45	20	61	2	0	0	0	13	1100
1911	1211	39	46	66	4	1	0	4*	19	1390
1912	894	67	53	99	2	0	0	0	5	1120
1913	838	67	60	80	12	0	0	4*	10	1071
1914	927	32	56	82	1	2*	0	1	14	1115
1915	785	46	50	85	2	0	0	1	7	976
1916	418	49	27	26	2*	1	0	1	8	532
1917	176	62	24	19	1	0	0	0	3	285
1918	251	29	9	5	0	0	0	0	0	294
1919	125	42	21	83	1	0	0	0	0	272
1920	277	55	27	103	..	..	..	..	6	468

*Includes additions.

I am appending to this Report an extended schedule of the ages at, and causes of death, and my Annual Report as School Medical Officer.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

E. H. SNELL,
Medical Officer of Health.

Public Health Department,

Coventry,

May 7th, 1921.

EXTENDED SCHEDULE OF AGES AND CAUSES OF DEATH, YEAR 1920.

No.	CAUSE OF DEATH.	Total.	Males.	Pen.-ables.	Ages.											
					0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	
1	Enteric Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2	Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3	(a) Relapsing Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4	(b) Mediterranean Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5	Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Small-pox—															
	(a) Vaccinated ..															
	(b) Not Vaccinated															
	(c) Doubtful ..															
6	Measles ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7	Scarlet Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8	Whooping Cough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9	(a) Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Membranous Laryngitis															
	(c) Croup ..															
10	Influenza ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11	Miliary Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12	Asiatic Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13	Cholera Nostras	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14	Dysentery ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15	Plague ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
16	Yellow Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
17	Leprosy ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18	Erysipelas ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
19	(a) Mumps ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) German Measles															
	(c) Varicella ..															
	(d) Other Diseases ..															
20	(a) Pyæmia ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Septicaemia ..															
	(c) Vaccinia ..															
21	Glanders ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Anthrax, Splenic Fever															
22	Rabies ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
23	Tetanus ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
24	(a) Actinomycosis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25	(b) Other Mycoses ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
26	Pellagra ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TOTALS ..	72	37	35	10	14	13	4	4	4	1	1	1	1	1	3

No.	CAUSE OF DEATH.	Total.	Males.	Females.	Ages.															
					0 to 1	1 to 2	2 to 5	3 to 10	10 to 15	15 to 20	20 to 25	25 to 30	30 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 70	70 to 75	75 to 85	85 and upwards.
27	Beri-Beri ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
28	(a) Pulmonary Tuberculosis ..	87	60	27	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Phthisis (not defined as Tuberculous) ..	..	41	20	21	..	..	1	2	..	..	1	3	..	..	2	1	..	..	..
	(a) Acute Phthisis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Acute Miliary Tuberculosis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Tuberculous Meningitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
30	(a) Tabes Mesenterica ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
31	(b) Other Peritoncal and Intestinal Tubercle ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Tuberculosis of Spinal Column ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
32	Tuberculosis of Joints ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
33	(a) Lupus ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
34	(b) Scrofula ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) Other Tuberculosis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35	Disseminated Tuberculosis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
36	(a) Rickets ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Other forms of Bone Softening ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
37	Syphilis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
38	(a) Soft Chancres ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Gonococcal Infection ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) Purulent Ophthalmia ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
39	Cancer of the Buccal Cavity ..	13	12	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40	Cancer of the Stomach, Liver, etc.	39	21	18	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
41	Cancer of the Peritoneum, Intestines and Rectum ..	24	15	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
42	Cancer of the Female Genital Organs ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
43	Cancer of the Breast ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
44	Cancer of the Skin ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45	Cancer of other or unspecified Organs ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
46	(a) Angioma ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Adenoma ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) Other Tumours ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
47	Rheumatic Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
48	(a) Chronic Rheumatism ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Osteo-Arthritis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) Gout ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
49	Scurvy ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TOTALS	..	293	164	129	6	4	8	6	2	12	19	32	51	51	30	18	39	15	..

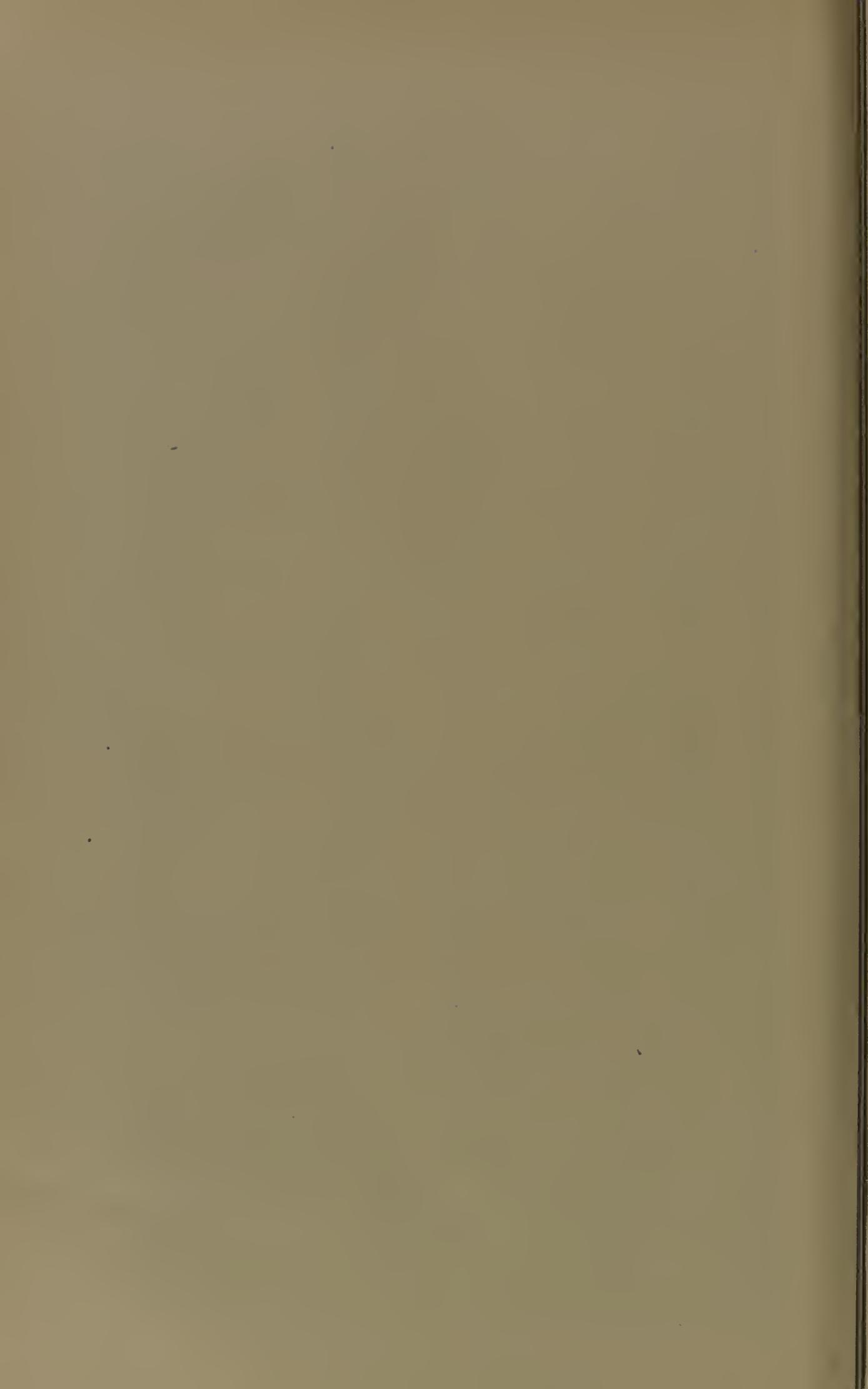
No.	Cause of Death.	Total.	Age.										85 and upwards.							
			0 to 1	1 to 2	2 to 5	3 to 10	10 to 15	15 to 20	20 to 25	25 to 30	30 to 35	35 to 40	40 to 45	45 to 50	50 to 55	55 to 60	60 to 65	65 to 70	70 to 75	75 to 80
69	Epilepsy	4	1	3	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
70	(a) Epileptiform Convulsions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Other Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
71	(a) Convulsions from Teething	3	2	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Other Infantile Convulsions	..	12	10	2	7	3	2	..	..	..	..	..	..	..	..	..	..	..	..
72	Chorea	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
73	(a) Hysteria, Neuralgia, Sciatica	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Neuritis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
74	(a) Idiocy, Imbecility	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Cretinism	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) Cerebral Tumour	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(d) Other Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
75	Diseases of the Eyes and Annexa	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
76	(a) Mastoid Disease	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Other Diseases of the Ears	..	4	2	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
77	Pericarditis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
78	(a) Acute Myocarditis	..	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Infective Endocarditis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) Other Acute Endocarditis	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
79	(a) Valvular Disease of heart	..	57	17	40	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Fatty Degeneration of the Heart	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) Other Organic Diseases of the Heart	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
80	Angina Pectoris	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
81	(a) Aneurism	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Arterial Sclerosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) Other Diseases of Arteries	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
82	(a) Cerebral Embolism and Thrombosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Other Embolism and Thrombosis	..	10	6	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
83	(a) Phlebitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Varix	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) Pylephlebitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(d) Variococle	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(e) Status Lymphaticus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
84	(f) Other Diseases of the Lymphatic System	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TOTALS	..	167	75	92	10	4	2	..	..	6	..	3	6	19	24	13	20	33	23

I I C)

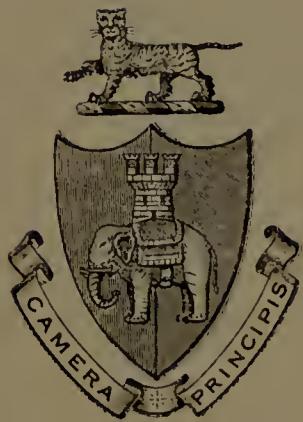
No.	CAUSE OF DEATH.	Total.	Female Males	Ages.																	
				0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 30	30 to 35	35 to 40	40 to 45	45 to 50	50 to 55	55 to 60	60 to 65	65 to 70	70 to 75	75 to 80	80 and upwards.
	(c) Injuries at Birth ..	4	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(d) Cyanosis Neonatorum ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
153	Lack of Care (under 3 months)	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
154	(a) Senile Dementia ..	..	5	2	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Senile Decay ..	..	76	32	44	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	25
155	Suicide by Poison ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
156	Suicide by Asphyxia ..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
157	Suicide by Hanging or Strangulation ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
158	Suicide by Drowning ..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
159	Suicide by Firearms ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
160	Suicide by Cutting or Piercing Instruments ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
161	Suicide by Jumping from High Place ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
162	Suicide by Crushing ..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
163	Other Suicides ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
164	Poisoning by Food ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
165	Other Acute Poisonings ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
166	Conflagration ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
167	Burns (confagation excepted) ..	..	3	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
168	Absorption of deleterious Gases (confagation excepted) ..	..	..	4	4	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
168A	Overlaying ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
169	Accidental Drowning ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
170	Injury by Firearms ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
171	Injury by Cutting or Piercing Instruments ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
172	Injury by Fall ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
173	Injury in Mines and Quarries ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
174	Injury by Machines ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
175	Injury by other Crushing (vehicles, railways, landslides, &c.) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
176	Injury by Animals ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
177	Starvation ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
178	Excessive Cold ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
179	Effects of Heat ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
180	Lightning ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
181	Electricity (lightning excepted) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
182	Homicide by Firearms ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TOTALS ..	..	115	61	54	9	1	..	..	2	1	..	..	..	..	..	..	..	..	..	..
																			2	1	..
																			6	3	20
																			6	3	37

Ages.

No.	Cause of Death.	Total.	Female.	Ages.													
				0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 30	30 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 and upwards.
183	Homicide by Cutting or Piercing Instruments ..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
184	Homicide by other means ..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
185	Fractures cause not specified) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
186	Other Violence ..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
187	Dropsy ..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
188	(a) Syncope (aged 1 year and under 70)	..	..	7	3	4	..	..	..	..	..	1	2	3	1	..	..
	(b) Sudden death (not otherwise defined)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
139	Ill-defined causes ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(a) Heart Failure (aged 1 year and under 70)	..	..	11	9	2	..	..	..	..	..	1	..	..	..	..	..
	(b) Atrophy, Debility, Marasmus (aged 1 year and under 70)	..	..	1	..	1	..	..	..	..	..	..	1	..	..	..	..
	(c) Teething ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(d) Pyrexia ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(e) Other ill-defined deaths ..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
	(f) Cause not specified ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TOTALS, SHEET NO. 9 ..	115	61	54	9	1	..	..	1	..	..	2	5	3	2	..	2
	TOTALS, SHEET NO. 8 ..	152	77	75	141	..	..	2	1	..	..	6	6	3	3	20	37
	TOTALS, SHEET NO. 7 ..	38	17	21	..	..	..	..	1	..	..	1	..	1	1	..	..
	TOTALS, SHEET NO. 6 ..	88	51	37	25	4	..	3	..	4	..	3	4	..	..	..	..
	TOTALS, SHEET NO. 5 ..	206	113	93	42	10	7	5	1	1	..	13	17	7	..	3	1
	TOTALS, SHEET NO. 4 ..	167	75	92	10	4	2	..	6	..	3	6	19	19	13	17	25
	TOTALS, SHEET NO. 3 ..	119	60	59	3	2	4	2	..	4	5	5	10	11	14	12	4
	TOTALS, SHEET NO. 2 ..	293	164	129	6	4	8	6	2	12	19	32	51	30	18	39	23
	TOTALS, SHEET NO. 1 ..	72	37	35	10	14	4	..	1	..	11	6	4	1	1	3	..
	GRAND TOTALS ..	1272	667	605	247	39	37	22	19	23	37	79	129	142	84	78	169
																	35



CITY OF COVENTRY.



Annual Report



OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1920.

EDUCATION COMMITTEE.

MR. COUNCILLOR J. I. BATES, B.Sc., J.P., *Chairman.*

MR. ALDERMAN F. LEE, *Vice-Chairman.*

THE MAYOR (MR. COUNCILLOR W. H. GRANT, J.P.)

MR. ALDERMAN BATCHELOR.	MR. COUNCILLOR WYLES.
„ „ FOWLER, M.D., J.P.	MRS. E. STEARNS, J.P.
„ „ W. LEE, J.P.	MISS M. SCAMPTON, J.P.
„ „ SODEN, M.R.C.S., J.P.	MR. J. NAYLOR FRANKLAND, M.A., COUNCILLOR MISS ARNOLD.
MR. COUNCILLOR BARNACLE,	D.Sc. „ J. W. LEE.
O.B.E.	„ J. LUPTON, M.A.
„ „ BIRCH.	„ E. J. KIPPS, M.Sc.
„ „ CHESHIRE.	„ A. TURNER.
„ „ GOATE, J.P.	„ W. JONES.
„ „ GORTON, J.P.	REV. CANON W. HAIGHTON
„ „ HALPIN, J.P.	CHAPPEL, M.A.
COUNCILLOR MRS HUGHES.	

MEDICAL DEPARTMENT STAFF.

School Medical Officer	- E. H. SNELL, M.D., D.P.H.
Assistant Medical Officers	A. H. NEWTON, M.B., Ch.B. - CONSTANCE B. CHALLIS, M.B., Ch.B., B.Sc. Appointed August, 1920.
School Oculist	- T. HARRISON BUTLER, M.A., M.D.
X-Ray Specialist	- T. E. C. COLE, M.A., M.D., M.R.C.P.
Aural Surgeon	- F. W. SYDENHAM, M.D., F.R.C.S.Ed.
School Dentists	- CLAUDE TAYLOR, L.D.S. Resigned May, 1920.
	- EDITH R. SLOAN, L.D.S. Resigned March, 1920.
	- M. RAESIDE, L.D.S. Appointed October, 1920.
	- J. J. SHEVLIN, L.D.S. Appointed October, 1920.
School Nurses	MISS I. M. RALPH. §†‡* „ A. M. MARKHAM. †‡* „ G. I. WHITE. † „ A. L. LYDDON. §†‡* „ F. E. PIKE. † Resigned January 31st, 1921. „ E. POWELL. † Appointed April, 1921.
Cleansing Attendant	- MRS. FISHER.
Clerks	- T. F. MARSDEN. - H. WATERS.

§ Certificate of Central Midwives Board.

† Health Visitor's Certificate of Royal Sanitary Institute.

‡ Certificated Nurse.

* Inspector's Certificate Royal Sanitary Institute.

CITY OF COVENTRY.

Sixteenth Annual Report OF THE SCHOOL MEDICAL OFFICER.

To the Right Worshipful the Mayor, Aldermen,
and Councillors of the City of Coventry.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour of presenting the sixteenth Annual Report concerning the schools and school children under your superintendence in this City, a system of medical inspection having been inaugurated by your Council in 1905.

The Board of Education (December, 1920) issued a circular letter with suggestions for the arrangement of Annual Reports; and the subject matter of this Report is therefore re-arranged in accordance, as far as possible, with those suggestions.

1. Staff.

The names of the staff are set out on page 126.

2. General Observations.

In order to have a sufficient medical staff to undertake the increased work involved by (a) the third routine inspection, and (b) the additional duties imposed by the Education Act of 1918, a second Assistant Medical Officer was appointed in August, viz., Dr. Constance Challis. An additional School Nurse was also appointed, making five in all.

The two School Dentists, Mr. Claude Taylor and Miss Sloan, unfortunately left in May and March respectively; some time elapsed before the vacancies were filled, and it was not until October that Mr. Raeside and Mr. Shevlin commenced work.

The other Departments of the Clinic, Eye, X-Ray and Ear, continued work as usual.

Attention may be directed to the report of Miss E. K. Brown, the Organiser of Physical Training, set forth on page 146.

The question of extending and rendering more permanent the Corley Camp was considered; it was proposed to make provision for the accommodation of 60 children, and to have the camp open the whole year. Estimates for the necessary buildings proved prohibitive; and it was therefore thought that some existing building might be found which could be adapted for this purpose at a less expense. Such a building was found in Astley Court, situated about $1\frac{1}{2}$ miles north of the Corley Camp. Negotiations were opened up, plans for adapting the building were prepared, and the recommendation to purchase the building with its 15 acres of ground was approved by the Council. The proceedings, however, were so prolonged that by the time the scheme matured, the attitude of Government Departments and local authorities towards the initiation of any new scheme involving expense had changed; and the plan fell through.

The Corley Camp, therefore, remains as before, suitable only for a very restricted number of children (sixteen), and usable only during the summer months.

3. School Hygiene.

Each point mentioned in the Board of Education Circular is, in the following report, considered separately.

Surroundings.—These, of course, are variable. In some few schools there is a fair amount of open space around; they are away from the noise of main roads and factories, and they are within sight of some evidence of nature by way of fields and trees. In an urban area it inevitably results, from the fact that schools have to be built where they are wanted, that some of the schools are in more or less noisy streets.

The more modern schools have good-sized playgrounds, whereas the older schools (generally the non-provided schools) have small and inadequate playgrounds.

Ventilation.—With ventilation, the ideal is a much more immediately possible and practicable one. It is possible, even in a town, for class-rooms to be walled in on three sides only, the

fourth side being entirely openable to the air. The difficulty with window ventilation is that of draughts. By a draught is understood a current of air passing at a high speed and thus causing a high rate of evaporation from the surface of the bodies over which it passes. The wider the aperture the less the speed and pressure with which currents of air enter a room. Another source of defect with window ventilation is the personal element as exhibited by the teacher who will not always see that all existing means of ventilation are made use of.

One school in Coventry, St. Elizabeth's, has the necessary means for ensuring ideal ventilation in having removable sides to three class-rooms.

Turning now to the existing schools, one may say that in ten of them the ventilation is good; these are of course, the more modern schools. In the others the ventilation may be described as passable. In many of the older schools considerable additions have been made to the openable window space. Further improvements in some are still possible. One cannot help remarking year after year in this Report that in many schools full use is not made of the existing means of ventilation. Only recently a visit was paid to a school where one crowded class-room was found with one small window open, while the temperature of the room was 70° , and this in a room where means existed for efficient cross-ventilation.

Lighting.—The natural lighting of most of the schools is adequate. In two or three of the older schools there are odd class-rooms which are inefficiently lighted, and in more cases there are dark corners in which a few children have to work. The artificial lighting in the older gas-lit buildings is, on the whole, poor. Incandescent mantles are very frequently seen broken, while much light is wasted by the blackening of the surrounding glass globes.

Warming.—The problem of how adequately to heat a well-ventilated school has not yet been solved. On the whole it would be correct to say that some of the Coventry schools are not adequately heated in very cold weather. As was stated in the Annual Report for 1918, the most appropriate temperature for a class-room is from 55° to 60° ; anything below 52° means discomfort. Many class-rooms are well below that on cold days.

On one occasion a certain class-room was 28° F. at the time the teacher entered it in the morning, and was only 34° when the Medical Officer left at noon.

Desks.—The modern schools are all equipped with a fairly satisfactory type of desk. The only faults which can be found with them are that they are not graded sufficiently for the differing heights of the children and that the back-rest is not in the right position, being too high and sloping too far backwards. More use might be made in infants' departments of light, easily portable chairs. The great fault with the type of desk in use in the older schools is that the seat is too far away from the desk-table, thus necessitating a stooping posture in writing.

Blackboards.—Many of the blackboards are unsatisfactory from two points of view. In the first place they are not black, but light grey, thus only allowing white chalk to show up poorly, and in the second place the surface is so rough that not only is a large amount of chalk wasted, but an unnecessary amount of chalk dust is scattered about the floor. These blackboards are most noticeable in the modern schools, which are fitted with a composition; the old wooden blackboards seem much more satisfactory.

Sanitary Conveniences and Lavatories.—In all the modern schools these are quite satisfactory. Some of the older ones are by no means so, being dark and dirty, and fitted with central forms of flushing, which are of no educative value and whose cleanliness depends on the personal equation of the caretaker. All are provided with water-closets.

Water Supply for Washing and Drinking Purposes.—Again the distinction must be drawn between the modern and older schools. In the former the arrangements are quite good for both purposes. Some of the hand bowls are fitted with spring taps, which are a great improvement on the old screw ones, since it is impossible for mischievous children to plug the outlet pipe and then leave the tap running. The drinking fountains, too, are obviously much cleaner than drinking cups. At all schools the public water supply is laid on.

Cleanliness of Schoolrooms and Cloakrooms.—The cleanliness of schoolroom floors depends on the character of the floor and the amount of cleaning done. In the more modern schools

the floors are of a patent material, or of wood blocks; of these the latter seems greatly preferable. Of the patent material floors hitherto tried, the floor is cold to the feet, and in cold, damp weather this coldness causes a deposit of dew, rendering them damp. These floors seem to be best kept clean by one or other of the various oily or greasy preparations used for this purpose.

The old plain deal floors with age present greater difficulties in the way of cleanliness; and the scrubbing needs to be more frequent.

Arrangements for Drying Children's Clothes and Boots.—The modern cloakrooms are light and airy, and have a hot water pipe running round them.

Huts.—During the year the accommodation at three of the schools has been increased by the erection of wooden huts as temporary class-rooms. These have made quite suitable rooms: well lighted, ventilated and warmed. It is a pity, however, that they are not all made on the plan of the one at Frederick Bird School, where the small cloak-room is placed in the middle, thus making a sound-proof partition between the two class-rooms which the hut contains.

4. Medical Inspection.

Prior to the arrival of Dr. Challis at the end of August, 1920, "entrants," ages 5 and 6 years, and "leavers," ages 12, 13, and 14, were being inspected. Since that date children of 8 years of age have also been systematically inspected. Among "entrants," in addition to the ages mentioned, all children entering a school after the 31st of March have been examined, unless they had been seen previously at another school.

With the exception of some of the children of 8 years, as mentioned in the preceding paragraph, the Board's schedule has been followed. The additional age group could not be included earlier, as the necessary medical staff was not available.

Head Teachers are always asked when visits are paid to the schools if there are any cases of crippling. The chief attendance officer has instructions to seek out cripples not attending school, and he reports them to the Assistant School Medical Officer.

The systematic inspection has involved very little disturbance of school arrangements. Owing to the overcrowding in the schools, there has of necessity been difficulty in some schools in

arranging for an empty class-room; in most of the schools, however, the head teacher's room has been available. On an average, each child spends about half-an-hour from class work. In four of the older schools there was no accommodation whatever for medical inspection. These were accordingly done at the Clinic. The scholars at these schools were absent from their class work from one to one-and-a-half hours.

5. Findings of Medical Inspection.

Review of the facts disclosed by medical inspection.

(a) Uncleanliness.

(1) *Body*.—Uncleanliness of the body is, unfortunately a very common occurrence. It is most marked among the leavers. While the children are still young the majority of parents see that they are given at least a weekly bath, but by the age of about twelve years children seem to be left much more to their own devices. One is struck, even appalled, by the absence in many of the older children of any appearance of pride in their personal appearance with regard to the cleanliness of their bodies, head, or clothing. School baths might have a very beneficial effect in this matter.

The supply of soap and towels in the cloak-rooms is quite inadequate for proper cleansing of even the hands and face. It is obviously difficult to prevent these things from being improperly used, or even from disappearing altogether. In some schools both soap and towel are kept by the teacher, and only issued on individual application. This certainly makes for safety and proper use, but it is doubtful if many children think of asking for them.

It is probable that if children were made to wash their hands twice daily at school some diminution of the large amount of Impetigo (sores) now prevailing might follow.

(2) *Head*.—In connection with verminous heads a few notes by Dr. Newton on the causal organism may not be out of place.

"The head louse, *Pediculus capitis*, is slightly smaller than the body louse. It belongs to the class of insects allied to the Locusts, Grasshoppers, &c. It lives on the scalp among the hair, and reproduces by laying nits, which it attaches to the hair very firmly by means of a cylinder of cement about $2\frac{1}{2}$ times the

length of the actual nit. In the ordinary way the larval lice emerge from the nit in about six days time; temperature has some effect on emergence, however, and at low temperatures the emergence has been delayed as much as 35 or 40 days. After emergence the louse casts its skin at intervals of several days, finally becoming mature in about 18 days. For the rest of its life, which is about six or seven weeks, the mature female louse then lays about five nits every twenty-four hours. The practical importance of this knowledge seems to be that parents have ample time in which, by thorough combing, to remove all lice before they become mature, *i.e.*, before they become capable of producing more nits.

In this country the head louse is not known to be a definite carrier of disease, but in some parts of the world it is known to be the carrier of the bacillus of Relapsing Fever. It is, however, with us a common cause of Impetigo of the scalp: the presence of lice leads to scratching and the finger nails convey infection into the scratches. Impetigo of the scalp often leads to enlargement of the glands at the back of the neck, and these glands occasionally break down into abscesses.

The irritation due to the lice may also lead to general weakness from loss of sleep."

The method of dealing with this condition of verminous heads in Coventry is as follows:—

At what is called the class-to-class inspection which follows the systematic examination, every child in the school is examined for vermin. Any child found more than slightly infested with nits has a card made out for it. All such children are then inspected at school every six or eight weeks until they show signs of being permanently clean. Notices are at the same time sent to the parents, with instructions as to how best to cleanse the heads. Depending on the severity of the condition, some children are excluded from school, or dealt with by a "cleansing notice."

The average number of visits paid to each school by the nurses for this purpose is about six per annum. At these visits not only are the "card" cases inspected, but, where the Head Teacher thinks it desirable, the whole of any particular class, or even the whole school.

The total number of examinations made of children by

school nurses in the year in the schools amounted to about 27,390. The number of individual children found unclean amounted to 1,519.

TABLE SHOWING NUMBER OF CHRONIC CASES OF VERMINOUS HEADS.

		A	B	C	D
Broad Street ..	..	10	2	2	--
Centaur Road ..	..	20	3	--	--
Cheylesmore ..	..	28	9	2	--
Earlsdon ..	..	7	1	--	--
Edgewick ..	..	7	1	2	--
Fredk. Bird ..	..	8	4	--	--
John Gulson ..	..	36	13	1	--
Little Heath ..	..	2	1	--	--
Paradise ..	..	7	2	--	--
Radford ..	..	13	8	--	--
Red Lane ..	..	22	6	1	--
South Street ..	..	23	5	1	--
Spon Street ..	..	18	5	1	--
Station Street West ..	..	10	3	2	--
Stoke Council ..	..	12	4	1	--
Wheatley Street ..	..	17	7	--	--
All Saints' ..	..	3	--	--	--
Kingfields ..	..	1	--	--	--
St. Elizabeth's ..	..	6	--	--	--
St. John's ..	..	4	--	--	--
St. Mark's ..	..	6	3	--	--
St. Mary's ..	..	9	1	--	--
St. Michael's ..	..	18	3	--	--
St. Osburg's ..	..	11	4	--	--
St. Peter's ..	..	5	1	--	--
Stoke National ..	..	1	--	--	--
Thomas Street ..	..	3	1	--	--
Wheatley Street Special ..	..	2	2	--	--
TOTALS ..		309	89	13	--

A = original "Exclusion" only.

B = A + one cleansing notice or warning letter.

C = A + two cleansing notices or warning letters.

D = A + three or more cleansing notices or warning letters.

The figures for 1920 (*v. Table II.*) show a very large increase over last year. This does not necessarily mean that uncleanliness is on the increase, the explanation is probably that there has been this year a definite raising of the standard of cleanliness required.

Children who require to be dealt with under Section 122 of the Children Act, 1908, are cleansed at the Cleansing Station attached to the Clinic. During the year, 99 cases were so dealt with under the Act. In addition to these cases 242 cases were dealt with at the voluntary request of the parents. Other treat-

ment carried out at the Cleansing Station included 143 baths; these were given chiefly for scabies; some, however, were for uncleanliness. Altogether, 2,297 visits were paid to the Cleansing Station during the year.

The parents of two children have been prosecuted during the year for allowing the children to appear again at school in a verminous condition after they had been "cleansed." These were taken under Section 122 of the Children Act, and were each fined 10/-.

(b) *Minor Ailments.*—Table IV. A. on page 173 shows that 1,015 such cases were referred for treatment during the year.

The largest numbers are found to be concerned with Impetigo (sores) and Discharging ears.

The treatment of such conditions has now become a recognised part of the daily work of the Clinic. Most of such cases are able to attend school during the latter part of their treatment, and some for the whole time. Excluding ringworm of the head, 448 cases have been dealt with at the Clinic. Many of these cases, especially the discharging ears, are very chronic, and require regular daily treatment for a long period, e.g., the 116 cases of discharging ears have made 2,088 visits during the year. The total number of visits for treatment made by these cases of minor ailments during the year was 5,192.

Ringworm of the Head.—During the year, 183 cases were referred for treatment. Of these, 125 were treated by X-Rays. Nine others were treated by drugs at the Clinic. The number of children out of school at the end of the year owing to this condition was 33. Thirty children, referred by the Warwickshire County Council, also received X-Ray treatment during the year.

(c) *Tonsils and Adenoids.*—The table on page 174 gives all the necessary information with regard to this condition.

(d) *Tuberculosis.*—Table II. on page 171 shows that during the year 1920 twelve cases of Phthisis and twenty-one cases of other forms of Tubercular Disease were found. Five of these were found at the systematic examination. Ten of the "Other forms" were old cases showing no active trouble, who were therefore put down for observation.

All cases of Tuberculosis are referred to the Tuberculosis Officer.

It will be seen from Table III. on page 172 that altogether there are 34 school children thought to be suffering from or to have suffered from Phthisis. Ten of these are marked as attending school. This does not mean that they are attending regularly; they are delicate children, who have been previously in a Sanatorium and are now sufficiently recovered to attend school; most of them, however, very easily get run down and require occasionally to have a month's rest.

All such children should be educated at an open-air school, at which provision could be made for a mid-day rest.

(e) *Skin Diseases.*—From a school point of view the most important of these is Impetigo. This is an infection carried into slight abrasions of the skin, probably chiefly from dirty hands and finger nails. Since it is infectious, many infected children, especially infants, have to be excluded from school.

During the year, 82 cases of Scabies have been excluded from school, 46 of whom have been treated at the Clinic.

Ringworm of the body was found in 46 cases. This condition is not so serious as Ringworm of the head, being easily cured by the application of Iodine. Unless the case appears to be a very acute one (as some of them are), the patches are painted with Iodine and the children allowed to attend school.

Among other skin diseases are Psoriasis, Alopecia, Dysidosis, &c.

(f) *External Eye Disease.*—During the year, 194 cases of various forms of external eye disease were seen. The commonest was Blepharitis (inflammation of the eye-lids). This condition is frequently very chronic—sometimes it is due to an error in refraction, and can be cured by the wearing of suitable glasses—mostly, however, it is due to a chronic infection very resistant to treatment. Regular treatment is carried out at the Clinic. All the cases improve under treatment, and some of them appear to be permanently cured.

Five cases of Corneal Ulcer were met with, two of which were so severe that they were sent to the Hospital for treatment. This is a serious condition, owing to the liability of its leaving a corneal opacity afterwards. It is usually considered a tubercular condition; children are therefore recommended treatment by fresh air and cod liver oil, in addition to local applications.

(g) *Vision*.—The following table shows an analysis of the cases which required glasses.

CITY CASES.				COUNTY CASES.			
Glasses prescribed	...	...	..	647	145		
		No.	Per Cent.		No.	Per Cent.	
Hypermetropia	...	149	23·0	36	24·8		
Hypermetropic Astigmatism	...	252	38·9	64	44·1		
Myopia	...	72	11·1	9	6·2		
Myopic Astigmatism	...	84	12·9	17	11·7		
Mixed Astigmatism	...	90	13·9	19	13·1		

Other information with regard to defective vision will be found in Table V. B. on page 173.

(h) *Ear Disease and Hearing*.—Details with regard to these conditions will be found under the paragraphs on Minor Ailments and Deaf Children.

(i) *Dental Defects*.—In considering the work carried out at the Dental Clinic during the year 1920, due allowance must be made for the time the Clinic had the services of only one dental surgeon and the months the Clinic was closed altogether.

The tables on page 174 include the work of only six normal months, viz., January, February and March, with Mr. Claude Taylor and Miss Sloan, and October, November and December, with the present School Dentists.

Considering the interruption, the results of the year's working may be considered fairly satisfactory, although they will in no way compare with the results of a normal year.

The present Dentists remark that: "A number of children suffering from irregularity of the teeth have been met with in the course of our inspections, but unfortunately no arrangements are made for their treatment. This is a great pity, for a simple irregularity may lead to serious consequences, viz.: malocclusion with consequent loss of masticating power, overcrowding and lack of jaw development, gingivitis, etc. We suggest that this work should be undertaken and the special outfit supplied, for no system of dental treatment can be considered a success which does not include the treatment of, at least, the simpler cases of orthodontia."

Of the total number of children examined (2,938), 1,935 were referred for treatment, and of this number 1,129 accepted treatment, i.e., 58.34 per cent. This is a marked improvement over the preceding years, and argues that the benefits of the Clinic are being more and more recognised and appreciated.

The schools visited and the results of examination are as follows :—

School.	Children examined (6, 7, & 8 yrs.)	Referred for treatment.	Applications for Treatment.	Re-Treated.
St. Elizabeth's	...	66	37	34
Cheylesmore	...	361	222	122
Spon Street	...	268	172	79
Wheatley Street	...	369	238	133
St. Michael's	...	192	121	59
Earlsdon	...	299	188	104
Centaur Road	...	429	267	165
South Street	...	356	267	130
All Saints'	...	129	78	64
St. John's	...	154	102	68
Thomas Street	...	77	61	41
Radford	...	238	182	130
Totals	...	2938	1935	1129
				68

Table D on page 174 gives the results of the treatment of dental defects.

(j) *Crippling Defects.* The crippling defects found during the year are tabulated as follows :—

Rickets	...	...	...	...	1
Spinal Curvature	...	...	...	...	3
Tubercular disease (not necessarily active)					8
Infantile Paralysis	...	...	...	...	15
Cerebral Palsy	...	...	...	...	3
Talipes	...	...	...	...	2
Congenital dislocation	...	...	...	...	3
Sepsis	...	...	...	...	2
Flat feet	...	...	...	...	1

All the above are cases which are so severe that they have received treatment or require treatment by means of operation or apparatus. Most of them are attending school more or less regularly (*v. Table III.*, page 172). All the Tubercular cases have received or are receiving treatment at the Hospital. Where apparatus is required an arrangement has been made with a firm of instrument makers whereby it can be supplied at Hospital rates. Where parents are unable to pay the whole cost of this often expensive apparatus, the Education Committee have arranged to help them.

In addition to these crippling defects there are a number of children suffering from slighter deformities, chiefly curved backs and round shoulders, who can be treated at school by special exercises. These cases, 58 in number, have been notified to the Organiser of Physical Culture, who has arranged with the respective Head Teachers for suitable exercises to be given.

Table V. on page 175 shows a large number of children referred for treatment for "other defects." The majority of these are children suffering from ill-defined symptoms, which can only be classed as "General Debility." They are the children who require education in an open-air school. Most of them are not under treatment by private practitioners, and are therefore seen at the Clinic periodically and advised treatment. This consists chiefly of absence from school, combined with regular rest and careful dieting.

6. Infectious Disease.

All cases of infectious disease coming to the notice of head teachers are required to be notified by them to the Medical Officer of Health. Doubtful cases of infection are sent to the Clinic for examination, or if necessary, one of the Assistant School Medical Officers visits the school.

On page 140 will be found a table showing the periods of exclusion which are in force in this City for the respective diseases.

With regard to Diphtheria, all cases and contacts are swabbed by the school nurses, and not allowed to return to school until two successive negatives in the former case and one in the latter have been obtained. In this connection 291 swabs were taken during the year.

It has not been necessary during 1920 to close any school on account of infectious disease.

INFECTIOUS DISEASES.

Periods of Quarantine for those exposed to Infection and lengths of Isolation of those attacked.

Infectious disease.	Quarantine to be required after last exposure to infection.	Earliest date of return to school after an attack.
Small Pox	18 days	When all scabs have fallen off.
Chicken Pox	18 days	" " " " 6 or 7 " sometimes longer.
Scarlet Fever	14 days	Very variable; a medical certificate of freedom from infection must be obtained before return to school.
Diphtheria	12 days	Three weeks.
Measles	16 days	When the cough has disappeared.
Whooping Cough	21 days	About three weeks.
German Measles	16 days	Four weeks if all the swelling has subsided.
Mumps	24 days	Only on medical advice.
Typhoid Fever	28 days	

NOTE.—In the case of Small Pox, Chicken Pox, Scarlet Fever, Diphtheria, and Typhoid Fever, all children from an infected home are excluded from school.

In the case of Measles, German Measles, and Whooping Cough, children from infected homes are allowed to go to school if they attend Senior Departments and have themselves had the disease.

In the case of Mumps only the affected children are excluded.

The following Girls' Departments, since they are combined with Infants' Departments, should follow the rule for the latter:—

Little Heath. Station Street West.	St. Elizabeth's. St. John's.	St. Peter's Junior. Stoke C. of E.
---------------------------------------	---------------------------------	---------------------------------------

The above table is re-inserted here for convenience of reference by Head Teachers.

On page 64 is a table setting out the number of notifications of alleged infectious disease among school children, or in houses in which school children live, received from schools by the Medical Officer of Health during the year.

7. Following up.

A card is made out for every child in whom is found any defect which is likely to be benefited by treatment. At the end of about six weeks from the examination the nurses take these cards school by school, and find out what has been done. Where the condition has been treated the card is marked and returned to its

box; where nothing has been done, the parent is visited to find out the reason, and an attempt made to overcome prejudice, apathy, or whatever is the obstruction. Frequently recalcitrant parents are persuaded to pay a further visit to the Assistant School Medical Officer to be assured of the benefit likely to follow the treatment advised.

In connection with this work the following table shows the number of home visits paid by the school nurses :—

Condition.		Visits Paid.
Eyes	.. .. .. .. .	335
Tonsils and Adenoids	.. .. .. .	222
Teeth	.. .. .. .. .	278
Ringworm	.. .. .. .. .	109
Uncleanliness	.. .. .. .. .	119
Diphtheria	.. .. .. .. .	232
Measles	.. .. .. .. .	234
Miscellaneous	.. .. .. .. .	235
	TOTAL ..	1764

In addition to these home visits they have paid 828 visits to schools.

HOME CIRCUMSTANCES.

The homes of children with dirty or verminous heads and bodies are visited by the nurses. In the course of these and other visits to the homes the nurses come across sanitary defects of various kinds; these are specified on a card and sent through to the Health Department. A Sanitary Inspector then visits the house and reports to the Medical Officer of Health on the conditions; it is then dealt with on its merits.

The following is a summary of the defects referred to the Health Department during the year :—

ALLEGED NUISANCE.	Number Reported.	Number dealt with.
Damp walls, ceilings, etc. ..	7	7
Dilapidated walls, floors, etc. ..	4	4
Dirty walls, ceilings, etc. ..	23	23
Miscellaneous	25	25
	59	59

8. Medical Treatment.

The points arising under this heading have been already dealt with under heading 5.

9. Open-Air Education.

The Education Committee provide two open-air schools during the summer months. One, Corley Camp, is a residential school, situated on high ground five miles away from the City.

The other is of the nature of a playground class held on part of the roof of Centaur Road School. This is non-residential, but the children are kept there from 9 a.m. till 4.30 p.m., and receive a mid-day meal.

Corley Camp.

The following report is furnished by Miss E. Townsend, the Teacher in charge :—

"The Corley Camp School opened its sixth session on May 6th, 1920, and closed on October 22nd, a period of twenty-four weeks.

There have been sixteen children in residence, eleven girls and five boys, between the ages of six and thirteen years. Most of the children stayed the whole period, there having been only four changes, making twenty children in all who have received the benefits of 'Open-Air Life.'

The change in the children has been most marked, both physically and mentally. When they arrived they seemed afraid to express an opinion—due probably to the fact that many and long absences from school had caused them to be far behind their fellows, and thus they had little confidence in themselves.

After a stay of a few days they realised that they had freedom

such as they had not known before, and great was the delight when they found that the whole field was for their use.

It has been very interesting to me to watch the unfolding of thought and idea, which is only possible to the same extent when you are with children both in and out of school.

Our first visit to the woods was a revelation to me, many of the children had not been to a wood before, and their idea was—the home of the fairies. Each time we went, there was some new wonder, either tree or flower unfolding itself, and great was the delight of the child who first discovered a flower.

Corley Moor was also a place of great interest, especially when the heather was in bloom.

The average age of the children on arrival was 9½ years. Several could neither read nor write, not having attended school previously, or having only attended for a few weeks. This of course made the work difficult. On an average the children were two years behind their fellows of the same age in educational attainments.

The ordinary school subjects have been taken in the mornings, and handwork, nature study and gardening in the afternoons. Great interest has been taken in the handwork, which consisted of Raffia work, plain and fancy needlework, knitting, plasticine modelling and drawing. Each child has made at least one useful article, and many of them have expressed great delight at being able to accomplish this.

The garden work (except the digging) has been done by the children, and they have eagerly watched the growth of the various seeds and plants.

There have been several improvements during the session, a wire fence has been erected in front of the shelter, and a gate at the end of this gives admission to the field; the bath has been covered and a new screen erected, which has enabled it to be used even on wet days.

The children have worn their own clothes, as the jerseys and kilts provided by the Care Committee were worn out, except in a few cases where a child had outgrown its own clothes, or needed an extra change. I would like to suggest that in future a few night-shirts and night-gowns were provided, also a few changes of underclothing (day-shirts and combinations), as many of the children had no extra change, and if a change were necessary, either night or day, we found it difficult to provide the necessary articles; there have been instances of children remaining in bed while underclothing was washed.

Although the children varied so much in age they entered into the games and varied activities wonderfully well.

The weather has not been favourable for Open-Air Life, but all the children have greatly benefited, have gained in weight, and have improved in every respect; but I think had the summer been warm and dry the improvement would have been greater."

It was intended to keep the whole of the children there for the whole period. Two children were removed at the end of three months, however, as they seemed perfectly well, and two others sent in their places. One child was taken away by his parents at the end of fifteen weeks, as they wished to take him to

the seaside, and three weeks before the closing of the school one child had to be sent home on account of illness.

Below is a detailed list of the children attending during 1920.

List of Children at Corley Camp, 1920.

Sex.	Age.	Length of residence.	Complaint.	Gain in Weight.
G.	13	3 weeks	General Debility	3½ lbs.
B.	6½	15 "	Splenic Anæmia	3½ "
G.	7½	11 "	General Debility	4½ "
G.	10	11 "	" "	11½ "
G.	9	6 "	" "	1¾ "
B.	7	7 "	Chronic Bronchitis	5 "
G.	13	22 "	Chronic Rheumatism	15 "
G.	12	23 "	General Debility	10 "
G.	13	23 "	" "	19½ "
B.	8	22 "	" "	11 "
B.	7	23 "	" "	6 "
B.	8	23 "	" " and Old Tubercular Spine	4½ "
B.	8	23 "	General Debility	4½ "
G.	8	23 "	" "	6¼ "
G.	10	11 "	" "	6½ "
G.	8	23 "	" "	6¾ "
G.	11½	23 "	" "	17 "
G.	11½	23 "	" "	15¾ "
G.	8½	23 "	" "	6½ "
G.	11	23 "	" "	16 "

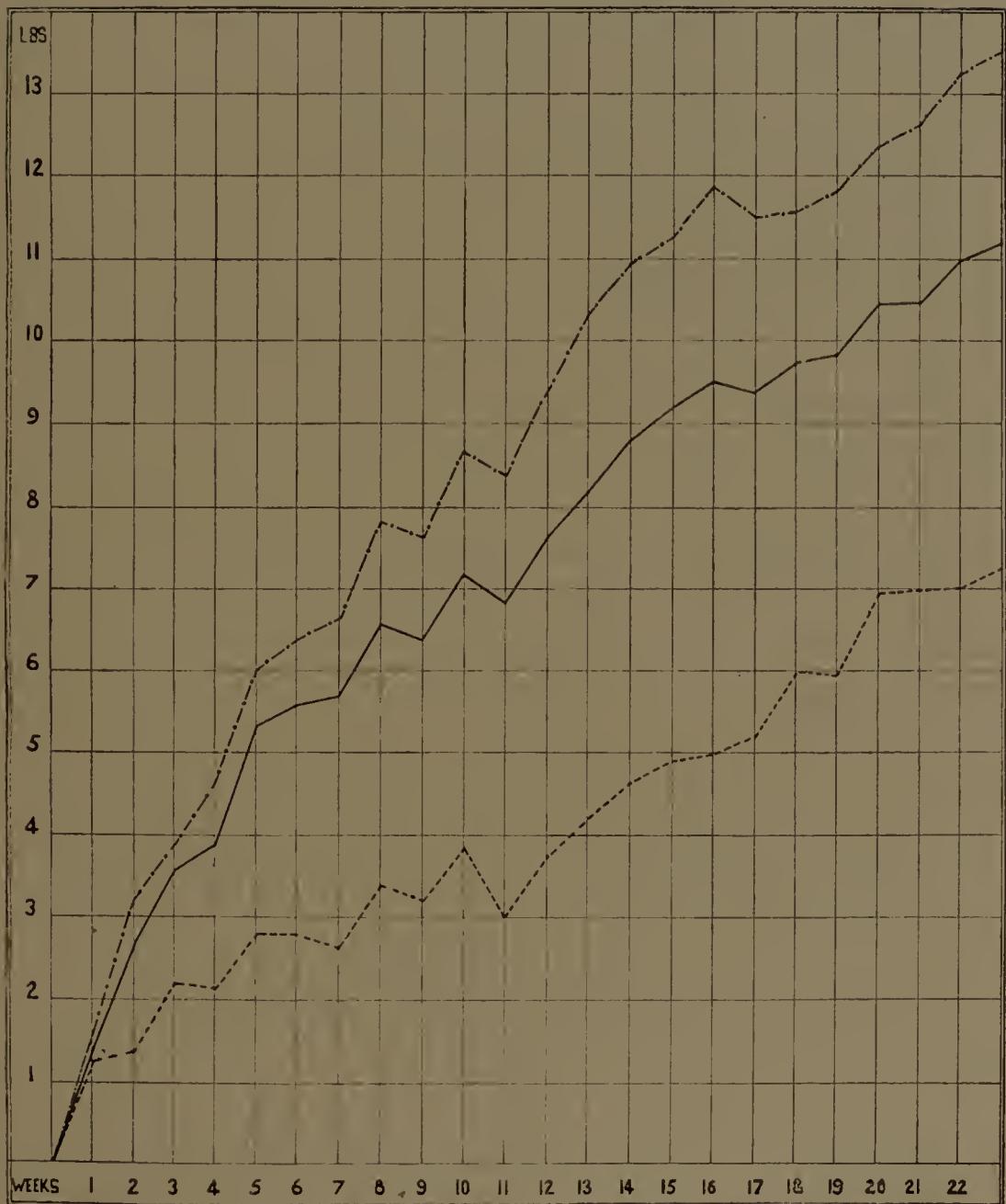
Dr. Newton remarks :—

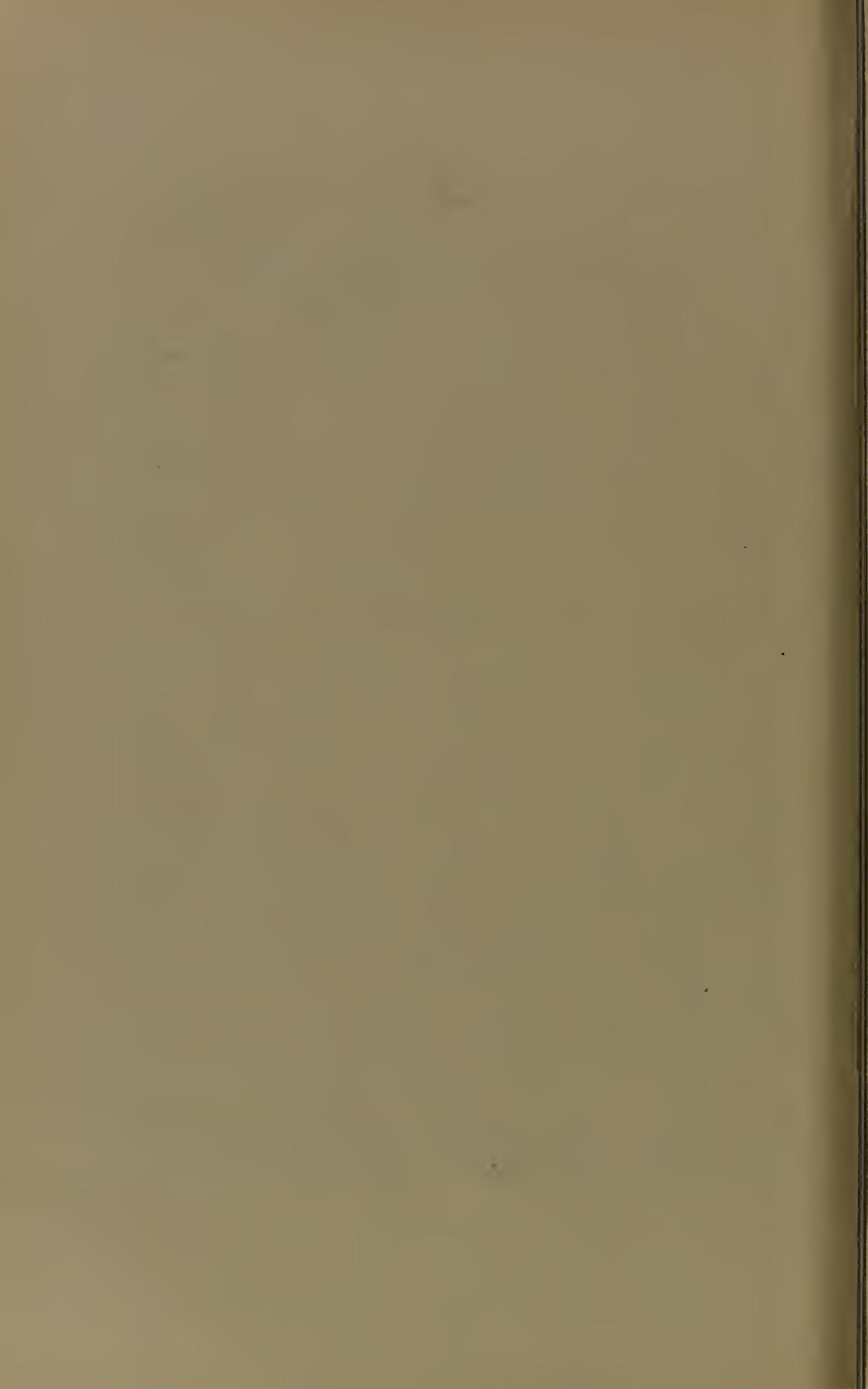
" The results were up to the usual high standard. It is astonishing how all symptoms clear up as soon as the children are established in the Camp School: coughs, pains and lassitude all seem to vanish immediately. This makes it difficult to avoid the temptation to return them to their homes after a couple of months. Experience proves, however, that if that were done, all the symptoms would quickly return.

From the accompanying chart it will be noticed how much more the girls gain in weight than do the boys. This is largely due to the fact that the girls are older than the boys, the average age of the former being 10.3 years and of the latter 7.5 years. This point is further emphasised by a study of the list of children, from which it can be seen that the older girls gained distinctly more than the younger ones."

CORLEY CAMP.
CHART SHOWING AVERAGE WEEKLY GAIN IN WEIGHT.

AVERAGE INCREASE OF WEIGHT OF GIRLS (AGES 7-13) -----
" " BOYS (AGES 6-9) - - - - -
" " ALL CHILDREN _____





Open-Air Class at Centaur Road School.

As usual, two classes were held on the flat roof of this school from the first week in May to the October holidays. One class of boys and one of girls, each 20 in number. The children are all chosen on account of physical defect, and are drawn entirely from schools in the immediate vicinity, it having been found in previous years that when children have a considerable distance to come to school the attendance is apt to become irregular. The curriculum is a special one. In the mornings ordinary school subjects are taken, but the afternoons are given up to rest and handwork. Each child lies down for $1\frac{1}{2}$ hours, while special cases have additional rest if advisable. As most of these children suffer from slight deformities, due no doubt to want of general muscular tone, the Organiser of Physical Training visits the classes periodically and advises the teachers with regard to special exercises.

All the children are intended to remain in this class for the whole period that it is open. They are weighed and measured monthly, and are inspected periodically by one of the Assistant School Medical Officers.

The results are most encouraging. All the children show loss of symptoms and marked improvement in general condition and mental and physical alertness. The average weekly gain in weight last year was for girls 0.16 lbs., and for boys 0.14 lbs. This is rather more than in 1919, when the average for all children was 0.12 lbs.

The following report is by Miss Carter, the Head Mistress, under whose supervision the above classes are held:—

“**Attendance.**—Twenty-two boys and twenty-two girls were admitted. The average attendance was 34.3, a slight improvement on previous years. A marked improvement was shown in the regular attendance of the majority of children, the continued absence of a few accounting for the lost attendances.

Curriculum.—Mentally, the children were more backward than they have ever been, and the teachers found great difficulty in trying to give due attention to the different sections into which the classes were divided.

The curriculum of the ordinary elementary school was modified to suit the special needs of the children. Considerable time was given to handwork, which included basket and raffia work, cardboard modelling, chip carving, rug making, needlework and knitting. Special exercises were given in the course of physical training, and satisfactory progress was made in other subjects. The nature lessons on Hearsall Common were a source of great pleasure and interest to the children.

Meals.—The dinners provided were thoroughly enjoyed by the children and appreciated by their parents, and there was no difficulty in getting the children to eat well.

The catering was much easier than in the three previous years, and the cook took a personal interest in the children and endeavoured to make their meals as appetising as possible.

It is remarkable that cases of sickness often occurred on Monday. Whether this points to unsuitable feeding during the week-end is a matter for conjecture.

Menu.

Monday.	Lentil soup and bread. Suet pudding with jam or treacle.
Tuesday.	Haricot mutton and potatoes. Milk pudding.
Wednesday.	Fish cakes and potatoes. Bread pudding.
Thursday.	Stewed steak, potatoes and cabbages. Custard or cornflour pudding.
Friday.	Vegetable soup and bread. Rhubarb pudding.
	Hot milk or cocoa at 10-45 a.m.

Rest.—The rest for an hour and a half after dinner was undoubtedly one of the most beneficial parts of the daily regime. After a very short period the children slept well.

It is to be regretted that many of them were late in going to bed—some were up until 10 p.m., thus the good gained by additional rest in the daytime was counteracted by loss of sleep at night."

10. Physical Training.

At present the time of the Organiser of Physical Training is occupied almost wholly in arranging the normal course for the girls. This means that she has not time for much special work which might be done in co-operation with the School Medical Service. The question of a remedial exercises clinic has been from time to time discussed, but at present there is neither staff nor a suitable building in which such a clinic could be held. Two small but useful pieces of work are being carried on in co-operation; lists of children suffering from such deformities as curved spines, flat feet, and also lists of children who have recently had enlarged tonsils and adenoids removed are sent to the Organiser of Physical Training, who then arranges, wherever possible, for these children to have special exercises.

Miss E. K. Brown, the Organiser of Physical Training, reports as follows concerning her work for the year:—

"The past year, 1920, has been a most momentous one in the department of Educational Physical Training in Elementary Schools.

A revised syllabus of physical instruction, also suggestions in regard to games for use in elementary schools have been issued by the Board of Education, and these publications, following the Education Act of 1918, have given an impetus to the development of Physical Training amongst the thousands of children in our elementary schools. The Coventry Education Committee supplied one or two of these books to each department, but many teachers have secured copies for their own use.

The physical training lesson taken by the teacher during school hours is a powerful instrument for giving and keeping health amongst school children.

Here all children benefit in practising the correct position of the body, that of the chest and abdomen, where the vital organs are situated, being most important, for if these are continually cramped their functions will be sluggish and ill-health will result.

The children also benefit from the stimulating part of the lesson, such as the running, jumping, and games—when taken after a sedentary lesson they promote the circulation of blood and all the functions of the body.

The breathing exercises given during the physical training lesson are most important where the normal breathing is incorrect and inadequate.

The Syllabus of Physical Exercises gives in some detail the work to be taken in these lessons and the manner in which this work should be taught, strongly advising that the physical training lessons should be of daily occurrence.

In this connection I would like to record that in Coventry elementary schools all girls' departments, where accommodation permits, are devoting a daily period of 15—20 minutes to physical training, and in all infants' departments, where accommodation permits, two physical training lessons are given daily, the morning lesson of 10—15 minutes' duration, and the afternoon lesson for recreative physical training of 15 minutes.

During the year I have supervised in all girls' and infants' departments the work taken in this lesson, and any help or suggestions offered by me have been appreciated by the teachers. The conditions under which this daily lesson is taken are often such that the highest results are unobtainable. Usually the lesson is conducted in the open air, but on wet days, in all but four departments, this health-giving work is omitted or is taken in the class-room, where only very restricted movement can be allowed.

These unsatisfactory conditions are partly due to over-crowding of children in the schools, but largely to the unsuitable planning of schools.

Part of the time arranged for physical training is devoted, where accommodation permits, to the practice of dancing, usually English Folk Dances, and in Coventry classes in this subject have been arranged for teachers by the Educational Handwork Association, and about 100 teachers are in attendance.

The importance of organised games in the education of young people has been recognised and insisted upon for many years in the great public and secondary schools of England.

Until recently no provision was made for such games in elementary schools, although the need is infinitely greater, and in Coventry we are still without playing fields for elementary schools.

To meet this omission, three substitutes are in operation in Coventry, but not one of these is satisfactory.

1. Public recreation grounds and commons are in use. The Foleshill recreation ground is used by the senior departments in Edgewick and St. Elizabeth's Schools. Classes in rotation visit the ground once each week, carrying such apparatus as the scholars can purchase, and under the supervision and direction of the teacher.

The ground is rough, the grass long, courts for net ball must be marked before the class games commence, and even then the children may be and often are disturbed by the public.

The same conditions obtain on Hearsall Common, which is used by Centaur Road and Earlsdon Schools.

The period for games is too short to allow of the ground being prepared during that time, and there is no certainty if prepared beforehand that it will be available when required.

2. Games are organised in the playground each week during one of the periods allowed for physical training. These are usually successful with young children, and much valuable training is given, but the space is too confined to allow older children to exert themselves to the fullest extent.

3. The Coventry Elementary Schools Athletic Association holds shields which are competed for annually by certain schools—net ball for girls, cricket and football for boys. Usually, owing to the smallness of the playing space, the children for the school team for these competitions are specially picked and specially trained, and the rest of the school watches. In six girls' departments in Coventry elementary schools net ball is the school game, and all senior girls play this game in relays in the playground during the week. With this arrangement, unfortunately, the benefit of games in classes is lost, and also the lack of variety in the games does not develop ingenuity and resourcefulness fully.

Classes for Teachers.—During the year I have taken short “refresher” courses for teachers, and I find these very popular. In April I took a games’ course of 15 hours’ duration, and this proved of use also to the teachers who took up Summer Play Centre work. In October I took two courses dealing with the revised syllabus, one course for teachers of infants, and the second for teachers of older children. These courses were designed to familiarise teachers with the work in the revised syllabus, so that the best use could be made of the daily period allotted to physical training, and also to give the teachers a wider outlook in the subject.

Swimming.—Facilities for teaching swimming in Coventry elementary schools have been increased by the permission to use Messrs. Courtauld’s swimming bath, and as a result a larger number of children have had the advantage of the instruction, and also two Life-Saving Classes, one for girls and one for boys, have been started.

The Corporation Swimming Baths have been in use for 42 lessons each week during the season, 21 for girls and 21 for boys, including

life-saving classes. Messrs. Courtauld's bath was specially prepared for children on certain afternoons in the week, and six classes from schools in the vicinity took advantage of this arrangement.

During the season an average of 19 lessons were given to each class, and 855 boys and 739 girls received instruction.

Proficiency certificates were again awarded by the Baths Committee, 163 children succeeding in passing one of the three tests, which showed the child's ability to swim at least 30 yards in good style. The children are taught breast-stroke first; and the land drill, in accordance with the rules laid down by the Amateur Swimming Association, is practised during the winter, and also as part of the swimming lesson.

Towards the end of the season a Swimming Gala was arranged by the Elementary Schools Athletic Association, and many of the children who received instruction two years ago were competitors in the races.

The scheme of instruction arranges that children begin swimming lessons at ten years of age, and during the following three years aim to obtain the 3rd, 2nd and 1st Class Proficiency Certificates granted by the Coventry City Baths Committee.

During the last year of school life—13 to 14 years—the children enter a Life-Saving Class and work along the lines suggested for the Royal Life-Saving Society's awards.

Children learning to swim more quickly may enter the Life-Saving Class at 12 years of age and continue for two years, during which time the 1st Class Proficiency Certificate and also the Royal Life-Saving Society's Certificate may be taken.

Play Centres.—Children, with their inborn love of movement and occupation, and living in small overcrowded rooms will naturally gravitate in their leisure hours to the clearer space and greater entertainment offered by the street and places of amusement, such as picture palaces, hence the need for Play Centres and other suitable organisations for the utilisation of children's leisure.

During the past three winters play centres have been opened in Coventry, and have attracted hundreds of children. In July, 1920, the summer play centres were inaugurated, being open on Tuesdays and Fridays from 6 p.m. to 8 p.m. during twelve weeks.

A complete centre was opened in the Spon End district. The younger children met in Spon Street School playground, while the older boys and girls met on Hearsall Common. On wet evenings the whole centre met in the covered shed in the playground, a modified programme being arranged. A man superintendent for the boys, and a woman for the girls, with a staff of play leaders—men and women—were in charge of this centre.

The second centre was opened in the Foleshill district, the younger children and girls meeting in Broad Street School playground. It was found impossible to arrange any "field" work in this district.

The approximate number of attendances in both centres during the season was 16,262, Tuesday being a more popular evening than Friday, when numbers of children went to town on shopping expeditions.

The evenings were very much enjoyed by both children and play-leaders, and all are eager to continue the experiment.

The older children were keen on securing apparatus for their games, while the younger ones swarmed around the play leaders, and probably further experience will prove that an open space alone does not make a children's playground, but that apparatus or play leaders are necessary if the rough and tumble and aimless play so often seen in public parks and recreation grounds is to be overcome.

The older boys and girls were encouraged to arrange their own teams for games, and towards the end of the season the personnel of cricket and net ball teams and times of matches were arranged by captains, who were boys and girls elected by the children. As a result a large number of children came regularly to the centres with the definite idea of playing some definite game.

Older children also assisted play leaders to arrange and carry on the games of the younger ones, and it would be advisable that weekly training lessons be arranged for these youthful assistants.

If the centres are to be widely useful there must be some fixed headquarters for each branch where children may report, notices be posted, new members enrolled, apparatus stored, etc. Hearsall Common branch was particularly difficult to run owing to lack of this accommodation.

Medical Work.—I have again followed up, as far as possible, the work of the School Medical Officer. Cases notified to me for special attention have included, up to December 31st, 1920, 263 cases of adenoids removed, and 111 cases of commencing deformity, kyphosis, scoliosis, etc.

The Open-Air Classes at Centaur Road School were under the same teachers as last year, and under my supervision carried out special physical work.

Classes for backward children organised in the schools have been visited by me—breathing exercises, handkerchief drill and games forming a large part of their physical training programme."

11. Provision of Meals

So far there has been very little need for any movement on the part of the school medical service in this matter. The work appears to be adequately dealt with by the attendance department.

A few cases of under-feeding, where neither parents nor teachers have applied for school meals, have been met with and reported.

The dietary has been submitted to and approved by the School Medical Officer, who has also inspected the premises and arrangements during meal times.

The total number of children who were fed during the year 1920 was 10,761, and meals supplied 47,361.

The number receiving meals at any one time varied from upwards of 320 at the beginning of the year to 25 for the week

ending September 4th. From then, owing to increasing unemployment, there was an increase in the number of applicants, and at the end of December in one week some 3,571 meals were provided for 775 children.

Mid-day meals only are provided, and these are issued at four centres, viz., Broad Street School, John Gulson School, Spon Street School and the Municipal Restaurant. As a matter of convenience, all meals are cooked at the Municipal Restaurant and conveyed to the various centres by motor vans. Women helpers are employed in serving.

Dinners are provided on application and investigation then follows and should parents be found to be in a position to pay, the child is struck off the list and the parents are charged with the meals received.

The School Medical Officer visits the Municipal Restaurant periodically.

The cost per meal is approximately sixpence.

12. School Baths

The special school for mental defectives is the only elementary school in Coventry provided with a bath.

The use of the Swimming Baths is referred to on page 148.

13. Co-operation of Parents.

In order to obtain, where possible, the presence of parents at the systematic examination an invitation is sent out the previous day.

The results, as far as infants and girls are concerned, are good, the attendances of parents being 69.9 per cent. and 52.2 per cent. respectively. The attendance of parents of the older boys is not so good; probably the boys themselves are partly to blame, as many of them object to their mothers coming.

In order that the parents' co-operation may be obtained with regard to any treatment required, the defects and the possible result of non-treatment are explained to them as simply and fully as possible.

14. Co-operation of Teachers.

It is always found that teachers are willing to facilitate the work of medical inspection as much as they can. Frequently the

systematic inspection entails much inconvenience to them owing to the lack of special accommodation.

Most of the following-up is done by the School Nurses, but a list of defects found is always sent to the Head Teachers, who are asked to inspect the children thereon periodically, and thus save the Nurses a certain amount of time. Teachers frequently also interview parents, and take the opportunity of urging that the advice of the Medical Officer be taken.

Many special cases are seen at the Clinic as the result of teachers advising parents to bring their children.

15. Co-operation of School Attendance Officers.

There is close co-operation with this department. With regard to the systematic inspection the help of the Attendance Department is unnecessary, but a number of special cases are sent to the Clinic by the Attendance Officers. These are mostly cases of chronic illness, who are absent from school for long periods, and who should be under observation by the Medical Officers. Certificates of unfitness to attend school are not given to the parents but sent to the Attendance Department, the officers of which are then able to look up the children at the end of the period stated.

16. Co-operation of Voluntary Bodies.

Much useful work is done by the Charity Organisation Society in sending children to Convalescent Homes on the advice of the School Medical Officer. During the year 70 children have been sent either to the seaside or country for periods varying from one to six months.

The help of the National Society for the Prevention of Cruelty to Children is occasionally asked and obtained.

No aid is asked from voluntary bodies in the work of following-up, as it has been found in past years that this work is done more satisfactorily by the School Nurses.

17. Blind, Deaf, Defective and Epileptic Children.

Ascertainment of children with the above defects is done by the teachers and the attendance officers. Undoubtedly a few children who have never been to school are missed, as is shown

by the fact that occasionally such children are brought to the Clinic by parents without any previous reference to either of the above-mentioned officials. It is difficult to see how this can be otherwise without a thorough child census.

Blind Children.—There are three such children known in the City; one of these is also mentally defective, and on this ground has been refused admittance to the Birmingham Blind Institution.

In addition to these totally blind children there are ten (five boys and five girls) who have been recommended by Dr. Harrison Butler for education at a Special School for children with defective sight. Three of these are suffering from high Myopia.

These children require a special class, with special curriculum and apparatus, but it is difficult to see how a class can be arranged for so few children, especially as their ages vary from 5 to 13 years, and their homes are scattered all over the City.

Deaf Children.—There are 16 children known to be totally deaf; seven of these are being educated at residential schools for the deaf.

There are, in addition, nine children known who are so deaf that they should be in an Institution. Two of them are too young, being under 7 years old; in two cases the parents definitely refuse to let them go away from home, while in the others the parents are still undecided.

There are also 41 children known who, while not sufficiently deaf to be sent away to an Institution, have such impairment of hearing that they labour under serious disadvantage in an ordinary class. The deafness in most of these cases is due to otorrhoea (discharging ears). This is, in most cases, a curable condition if regular treatment can be carried out over a long period. This is done at the Clinic whenever possible, while in other cases parents are instructed how to carry out the treatment at home.

Mental Defectives.—The special school at Wheatley Street has accommodation for 72 children. During the year 16 children have left the school and 18 have been admitted. The average number on the roll during the year was 66.9, while the average attendance was 56.5. One cause of irregular attendance has been the long distances which many of the children, some of them quite

young, have to travel from their homes. Towards the end of the year this difficulty was to some extent overcome by the issue of free tram tickets. During the summer months the work of the school was to some extent disorganised by the transfer of the senior assistant teacher to the open-air school at Corley.

During the year 11 children were "notified" to the Mental Deficiency Committee.

The following table shows the after-careers, so far as they have been ascertained, of children who have passed through the school.

	Boys.	Girls.	Total.
(1) Number of Children who have left the School since 1910	83	69	152
(2) Number who:—			
(a) Have since died	4	5	9
(b) Are known to be incapable by reason of mental defect of undertaking employment	7	10	17
(c) Are in attendance at an Institution for further education:—			
(1) Deaf and Dumb School	3	1	4
(2) Blind School .. ..	..	1	1
(3) Private School	1	2	3
(d) Are in any other Institution:—			
(1) Asylum	3	3	6
(2) Workhouse .. .. ..	..	2	2
(3) Epileptic Colony .. ..	..	..	..
(4) Home for Mental Defectives ..	12	4	16
(3) Number who are employed in:—			
(a) Industrial or manual work	23	7	30
(b) Agricultural or rural work	2	..	2
(c) Domestic work .. .. ..	..	11	11
(d) Commercial, professional .. ..	..	..	..
(e) Casual work	10	4	14
(4) Number untraced or left the City	9	11	20
(5) Returned to Elementary Schools	9	8	17

Epileptics.—Where one has only the parent's description it is not easy to decide whether a child is definitely suffering from Epilepsy or not. Of the 34 cases marked in Table III. as epileptic, 20 are considered to be definite major epilepsy. Three of these are so severe as to be unable to attend school, and have been recommended for a special school. Most of the remainder attend school fairly regularly. Following are a few details of those cases from whom a reliable history has been obtained.

Age at which fits commenced :—

.	6	commenced in infancy.
1	„	at age 1½ years.
1	„	3 „
1	„	5 „
1	„	6 „
2	„	8 „
3	„	9 „
2	„	11 „
2	„	12 „
1	„	14 „

In five cases there is a known family history of epilepsy : one case commenced after a fall and one followed Scarlet Fever.

18. Nursery Schools.

There are no Nursery Schools in the City.

19. Secondary Schools.

20. Continuation Schools.

Owing to the fact that, until the coming of Dr. Challis at the end of August last, the staff was inadequate for completing the Board's Schedule for Elementary Schools, the work in connection with pupils in attendance at Secondary Schools was not begun during 1920. The necessary arrangements have been made for the work to commence early in the new year.

The same remarks apply to Continuation Schools.

21. Employment of Children and Young Persons.

The following Bye-Laws set out the conditions appertaining to juvenile employment in this City.

BYE-LAWS made by the Mayor, Aldermen and Citizens of the City of Coventry on the 29th day of June, 1920, for regulating the employment of children and young persons under the Employment of Children Act, 1903, and the Education Act, 1918.

I.—Interpretation of Terms.

1.—Throughout these Bye-laws and Regulations the following words and expressions have the meanings hereinafter respectively assigned to them, namely :—

- (a) The expression "child" means a person under the age of 14 years.
- (b) The expression "guardian" used in reference to a child includes any person who is liable to maintain or has the actual custody of the child.

- (c) The expressions "employ" and "employment" used in reference to a child include employment in any labour exercised by way of trade or for purposes of gain, whether the gain be to the child or any other person.
- (d) The expression "street trading" includes the hawking of newspapers, matches, flowers, and other articles; playing, singing or performing for profit, shoeblacking, and any other like occupation carried on in the streets, or public places.
- (e) The expression "Local Education Authority" means the Local Education Authority for the purposes of Part III. of the Education Act, 1902.

II.—Prohibited Employments.

2.—A child shall not be employed in any of the following occupations:—

- (a) As a lather boy, or in a similar occupation, in a barber's or hairdresser's shop.
- (b) In the kitchen of any hotel, cook shop, eating house or refreshment room.
- (c) As a marker or attendant in any billiard or bagatelle saloon, or other place licensed for games.
- (d) In or in connection with the sale of intoxicating liquors, except in places where such liquors are sold exclusively in sealed vessels.
- (e) In selling programmes or refreshments or other articles, or in taking checks or tickets, or in shifting scenery, in any theatre, cinematograph hall, or other place of public entertainment.
- (f) In the collection or sorting of rags or refuse.
- (g) As an attendant or assistant in any shop or hall used for the purpose of public amusement by means of automatic machines, mutoscopes, shooting ranges, games of chance or skill, or similar devices.
- (h) In any slaughterhouse.

III.—Regulations of Employment.

3.—A child under the age of 12 years shall not be employed.

4.—A child between the ages of 12 and 14 years shall only be employed:—

- (a) On School Days, between the hours of 5-30 p.m. and 7-30 p.m.
- (b) On Week Days when school is not open, for not more than four hours, and not before 9 a.m. or after 7-30 p.m. Provided that on Saturdays the child shall be free between those hours for rest and recreation for a continuous period of not less than five hours.
- (c) On Sundays, in the sale or delivery of milk or newspapers for not more than two hours between 8 a.m. and 11 a.m.

5.—A child between 12 and 14 shall not be employed in the sale or delivery of newspapers or milk, carrying or delivering goods or parcels, in or in connection with any shop or office, in any coal-yard,

in industrial work at home, or in agricultural work, except subject to the following conditions:—

- (a) The employer shall send a written notification to the Local Education Authority stating his own name and address and the name, address, and date of birth of the child, the occupation in which, and the place at which the child is employed, and the times at which employment begins and ends. Such notice shall be sent before the first day of September, 1920, or in the case of a child not so employed until after that date, within twenty-four hours after the employment begins. The employer shall send to the Local Education Authority on the first day of January and the first day of July in every year, a list showing the same particulars in respect of each child then employed by him.
- (b) The Local Education Authority shall issue to each child in respect of whom such notice is given, a card, called in these Bye-laws an "Employment Card," and after such card is issued no such child shall be employed at any time unless he has such card with him. He shall produce the card for inspection if and when required to do so by any authorised Officer of the Local Education Authority.
- (c) The Local Education Authority shall cause to be entered on such card the name and address and date of birth of the child, the occupation in which, and the times between which, the employment of such child is permitted. The times so entered shall be such as the employer may choose, provided they are such as are allowed by these Bye-laws. The times may be altered by the Local Education Authority from time to time on the application of the employer.
- (d) A child to whom an Employment Card has been issued in accordance with the provisions of these Bye-laws shall be employed only within the times entered by the Local Education Authority on such card.
- (e) The employer shall keep affixed in a conspicuous position in the place in, or in connection with, which the child is employed, a notice showing the name, address, and date of birth of the child, the occupation in which, and the precise times within which, the child is employed on School Days, on Sundays, and on Week Days when the School is not open.

6.—A child employed in a place of public entertainment, in pursuance of a licence under Section 3 of the Prevention of Cruelty to Children Act, 1904, shall not be employed on the day or days of, or the day following, such employment, in any other employment.

IV.—For the Regulation of Street Trading by Young Persons between 14 and 16.

7.—A girl under the age of 16, and a boy under the age of 15, shall not be employed or engage in Street Trading.

8.—A boy under the age of 16 shall not be employed or engage in Street Trading before 7 a.m. or after 8 p.m. on any week-day, and not at any time on a Sunday.

9.—A boy under the age of 16 engaged in Street Trading shall

not enter any premises licensed for public entertainment, or for the sale of intoxicating liquor for consumption on the premises, for the purposes of trading or delivering goods.

10.—A boy under 16 shall not be employed or engage in Street Trading unless furnished with a licence from the Local Education Authority.

11.—A licence to engage in Street Trading shall not be refused by the Local Education Authority to any boy between the ages of 15 and 16 applying for it, except on one of the following grounds:—

- (a) That the applicant is by reason of physical or mental deficiency unfit to trade in the streets.
- (b) That the applicant has not his parent's or guardian's consent to his being so employed.
- (c) That his licence has been previously revoked.
- (d) That he is not regularly attending a continuation class, as and when required by law.

12.—Licences shall be granted to expire on the 31st December in each year.

13.—Every licensed person while engaged in street trading shall wear in the appointed way the badge prescribed by the Local Education Authority.

14.—No charge shall be made by the Local Education Authority for any licence or badge, but a deposit of one shilling (to be refunded on the return of the badge) shall be paid on the issue of a badge, provided that the Local Education Authority may forego the payment of such deposit when the circumstances of the applicant render it desirable.

15.—No licensed person shall, while trading, be assisted by any unlicensed person under the age of 16 years.

16.—No licensed person shall in any street or public place tout or importune to the annoyance or obstruction of any passenger.

17.—The Local Education Authority may suspend or revoke any licence if the holder :—

- (a) Is convicted of any offence.
- (b) Commits a breach of any of these Bye-laws.
- (c) Uses the licence as a cloak for begging, immorality, imposition, or other improper purpose.
- (d) Alters, defaces, lends, sells, pawns, transfers, or otherwise disposes of his badge.
- (e) Fails to notify the Local Education Authority within one week of any change of his residence.
- (f) Fails to attend regularly at a continuation class, as and when required by the law.

V.—Miscellaneous.

18.—These Bye-laws and Regulations shall come into force on the first day of October, 1920.

19.—The Bye-laws and Regulations as to the Employment of Children made by the Mayor, Aldermen and Citizens of the City of Coventry, on the 22nd day of March, 1910, are repealed as from the date on which these Bye-laws and Regulations come into force, but

any proceedings pending at such date may be continued and prosecuted as if such repeal had not taken effect.

20.—These Bye-laws and Regulations may be cited as the Coventry Employment of Children Byelaws, 1920.

NOTE :—

Penalties.

1.—Any person who employs a child or other person under the age of 16 in contravention of these Bye-laws shall be liable on summary conviction to a fine not exceeding Forty Shillings, or, in case of a second or subsequent offence, to a fine not exceeding £5.

2.—If any parent or guardian of a child or other person under the age of 16 has conduced to the commission of the alleged offence by wilful default or by habitually neglecting to exercise due care, he shall be liable on summary conviction to the like fine.

3.—If any person under the age of 16 contravenes the provisions of these Bye-laws as to Street Trading, he shall be liable on summary conviction to a fine not exceeding Twenty Shillings, and, in the case of a second or subsequent offence, if a child, to be sent to an Industrial School, and if not a child, to a fine not exceeding £5.

Hitherto only such employed children as were thought by the Juvenile Employment Officer to require medical examination have been inspected. On the 12th January, 1921, however, the Education Committee adopted the following resolution, passed by the Juvenile Employment Sub-Committee.

“ Resolved that the School Medical Officer be requested to arrange for the medical examination of all children making application for employment, with regard to their physical fitness for the employment concerned, and that such children be re-examined at the end of twelve months should they still be in employment.”

Arrangements have accordingly been made for this to be done.

A comparison of the nutrition and physique of 120 employed boys with that of an equal number of non-employed boys of the same age, taken at random, gives the following percentages :—

	<i>Employed.</i>	<i>Non-Employed.</i>
Good nutrition	... ... 26.3%	20.4%
Average „ „ „	63.6%	65.1%
Poor „ „ „	10.1%	14.5%

Chief defects and diseases were as follows :—

	<i>Employed.</i>	<i>Non-employed.</i>
Heart disease	... ... 1	1
Rheumatism	... ... 1	4
Chest Complaints	... ... 8	2
Spinal Deformities ; (Kyphosis)	3	1
Anæmia	... ... 2	...
Chronic Dyspepsia	... ...	3

In cases where the working hours were ascertained, only one boy was found to be employed in the dinner-time for half-an-hour, and he was of more than average physique. The others were employed after school hours. The hours per week averaged eleven, a few children were doing fifteen hours.

The number of employed children who had previously been examined at the routine inspections was 129.

Juvenile Labour Exchange and Bureau.

The following particulars are taken from the Juvenile Employment Sub-Committee's Report for the year ending 31st July, 1920 :—

"Introductory."

The Juvenile (Choice of Employment) Committee have pleasure in presenting their report for the year ended 31st July, 1920, and in recording the satisfactory working of the Scheme during that period.

In their last annual report the Committee were able to point out from the statistics furnished by the Juvenile Employment Exchange the increased use that had been made of the facilities available by parents and children.

It is gratifying to record that further progress in this respect has been made during the period covered by this report.

Coventry Juvenile (Choice of Employment) Scheme.

Under the Education (Choice of Employment) Act, 1910, Local Education Authorities are authorised to make arrangements, subject to the approval of the Board of Education, for giving to boys and girls under 17 years of age (amended to 18 years by Section 22, Education Act, 1918) assistance with regard to the choice of suitable employment. The duties of the Coventry Education Committee, in co-operation with the Ministry of Labour, are set out in the "Scheme for the establishment of a Juvenile Exchange Bureau," and are relegated to a Committee known as the Juvenile (Choice of Employment) Committee. The latter meets at the Education Office, Council House, Coventry.

While the working of the Scheme has been a success, the Committee realise that the public, employers of labour, and industrial organisations can render further service by making increased and continuous use of the facilities available.

The object of the Scheme is to offer a wide choice of employment to juveniles, and to assist them in selecting the most suitable employment. To do this it is obvious that two things are essential, namely :—

1. That employers should notify their vacancies regularly to the Juvenile Exchange.
2. That parents and children should make full use of the Juvenile Exchange.

If the Exchange is used consistently in this manner there is ample evidence to prove that a very considerable advantage both to employer and employed ensues.

It is also desirable that all Associations alive to the importance of juvenile welfare should assist by advocating regular use of the Juvenile Exchange as the medium between Employer and Employee.

The Committee fully appreciate the great assistance given to them in their duties by the Head Teachers and their Assistants, and the amount of work they have done in finding employment for their pupils.

The Committee desire to take this opportunity of expressing the hope that Teachers will tend more and more to make use of the Juvenile Exchange as the medium for placing these children.

As they have already indicated, the Committee have sound reasons for making this request. It is urged partly that the industrial records of Coventry children may be as complete as possible, but chiefly that these children may have the advantage of that wide choice of work which can only be made possible by a centralised demand, and which the Committee feel is surely one of the best safeguards against a wrong start in life.

Juvenile Exchange and Employment.

Under this heading it is intended to give a brief account of the work done during the year, and of the general trade conditions which have influenced the employment of juveniles.

The statistics compiled by the Juvenile Employment Exchange give an example of the fluctuations in trade conditions as reflected in the applications for employment and the vacancies notified to the Juvenile Exchange.

Perhaps the outstanding event affecting employment during the year was the Moulders' strike.

The dislocation in trade caused by the stoppage in the Foundry greatly hampered the work of finding suitable employment for children during the period November, 1919, to February, 1920.

The effect of the strike was prolonged by causing slackness in the machine shops owing to the shortage of castings.

However, the situation gradually improved, and it is noteworthy that the largest number of children were placed in employment during the month of May, 1920.

Although the Engineering Trade claims the majority of boys leaving school in Coventry, the vacancies notified to, and filled by, the Juvenile Employment Exchange embrace a wide field of industry and greatly differ in character. There is, however, a decided disinclination on the part of boys to enter other trades than Engineering.

With regard to girls, the range of vacancies notified and filled is fairly extensive, and their employment in the Engineering trade is gradually diminishing.

A satisfactory feature of the year's work has been the filling of the better class of vacancies offering good prospects for future advancement. Every effort is made to secure the employment for which the child is best fitted, and the results in this regard have been good.

It may not be out of place here to state that special action has been taken to find a corner in the industrial world for children who were in some way deficient, either mentally or physically, and that in several difficult cases success has attended the efforts made.

Co-operation with Schools.

One of the essentials in the scheme is the furnishing by the Head Teachers of School Report Cards in respect of the children about to leave school.

These cards supply a reliable basis on which action may be taken to secure employment for the young persons. They are of great value, not only as a means of indicating any special leaning or aptitude of the child, but also as a safeguard against an unwise choice of occupation.

The Committee understand that the information given is of the greatest assistance to Exchange Officers when placing children in their first situations, and that the value of the excellent detailed reports supplied cannot be too strongly stressed.

In some cases where children have situations awaiting them when they leave school, report cards are not supplied, as a visit to the Exchange is considered unnecessary. Experience shows, however, that the first occupation often proves unsuitable for a variety of reasons, and at a subsequent date the child visits the Exchange for employment. It will thus be seen how essential it is that a report in respect of every child leaving school is furnished.

Parents and the Juvenile Exchange.

Letters inviting parents to call at the Exchange with their children are issued on receipt of the report cards.

At the interviews which take place the parents' wishes can be ascertained, and their agreement as to the employment desired tends to prevent the indiscriminate change of occupation which so frequently handicaps the child and causes annoyance to employers.

It is open to parents and children to visit the Juvenile Exchange before the boy or girl leaves school, and special hours have been fixed for this purpose so as not to interfere with attendance at school.

These hours are:—

Friday evenings, 4-30 to 7 p.m., and

Saturday mornings, from 9 a.m. till 12 noon.

The ordinary hours during which the Juvenile Exchange is open to the public are:—Monday to Thursday, 9 a.m. to 4 p.m.; Friday, 9 a.m. to 7 p.m.; and Saturdays, 9 a.m. to 12 noon.

The Committee are pleased to record the increased interest evinced by parents in this matter, and are well assured that the care taken in securing suitable employment for the child is amply repaid in the future.

Lectures to Boys and Girls.

Two attractive courses of Lectures were given at the Technical Institute to children about to leave school. For boys a series of three Lectures on the Internal Combustion Engine were given by Mr. A. E. Berriman, Chief Engineer at the Daimler Co., and a similar number by Mr. C. F. Tooby, Works Manager of the Gas Works, on "Coal and its Bye-Products." Four lectures to girls on Wool, Cotton, Silk, and Weaving were given by Mr. Councillor W. H. Grant and Messrs. Bednell and Legender. The Lectures were illustrated by lantern slides,

experiments, specimens, etc., and were designed to assist the children in choosing occupations likely to be suitable to their tastes and aptitudes. There were upwards of 300 boys or girls in attendance on each occasion, and every lecture was followed by close attention and interest.

The Committee desire to express their best thanks to those ladies and gentlemen who so kindly gave their services.

The Education Act, 1918.

The operation of Section 13 of the Act places further restrictions on the employment of the child. As these restrictions, however, are mainly effective on the child of school age, they do not materially concern the work of the Juvenile (Choice of Employment) Committee. With the present unrest in the industrial world, and its consequent large amount of Juvenile unemployment, there is a possibility that a small section of the young "out-of-works" may be forced to drift into those non-developing types of occupation formerly filled by children of school age. On the other hand, it is far better for these young people to be actually engaged in some work, and better still, that a school child should be displaced to provide the opportunity. This change of conditions has actually been experienced in the Street Trading of newspapers.

Section 9 of the Act, which came into force on 1st February, 1919, prevents a child from leaving school until the end of the school term during which he or she attains the age of 14 years. The effect of this is that, instead of the former steady weekly flow of children leaving school, there is an accumulation at the end of each term, viz., Easter, Midsummer, and Christmas. Difficulty has been experienced in obtaining immediate employment for such large numbers, e.g., 650 at Midsummer, 1920. There is, however, ample time for every endeavour to be made to find employment for those children leaving at one term before the next becomes due, provided the Committee can rely on all employers notifying anticipated vacancies prior to the close of the school term.

Placing Meetings.

An interesting departure in this regard is the decision to hold "Placing Meetings" at the school each term.

Before the date of the meeting the Head Teachers will send to the parents a letter inviting them to be present and informing them of the arrangements made.

Officers of the Education Authority and the Juvenile Exchange will be present, together with the Head Teachers and staff.

It is hoped by this means to give parents and children the benefit of the best available information, and to prevent as far as possible the unemployment now liable to occur when the children leave school.

Further, it will be possible in many cases, by enlisting the support of employers, to make arrangements for the actual placing of the boy or girl on the spot.

Where this cannot be done, the intention is to obtain the views of the parents as to the work desired and full information prior to the date of leaving.

Apprenticeships.

Some attention has been given by the Committee to the question of formulating a general local apprenticeship scheme, and a recommendation was made to the Education Committee that, should any such scheme be brought about, it was desirable:—

1. That the maximum period of apprenticeship should not exceed 5 years.
2. That in view of increased educational facilities and better training, boys and girls may be expected to master their trade more rapidly, and that a shorter period of apprenticeship would be desirable for boys and girls leaving school at a later age than 14.
3. That even in cases where only a two years' period of definite training is considered necessary, it would be advisable to have an apprenticeship agreement for that period.
4. That provision should be made in the agreement for the attendance of the apprentice at classes of instruction.
5. That wages should be fixed by a Trade Committee of Employers and Workpeople, but that the supervision of training might be referred to the Education Committee, in conjunction with the Employers and Trade Unions concerned.

The advantages of the first of the above has been strengthened by the sanctioning by Parliament of a clause in the recent Coventry Local Powers Act, whereby the qualifying period of apprenticeship for the right of Freemen of the City is now five years instead of seven years.

After-Care Work.

Very little voluntary aid of an organised character has been accomplished in this direction during the past year. What after-care work has arisen has been successfully dealt with by the Juvenile Employment and School Attendance Departments. Now that the Juvenile Organisations Committee has been established, it is hoped to formulate a scheme to secure the co-operation of this Committee, and so meet that widespread demand of the young people of the nation to have every opportunity of making the most of their lives and of attaining a high standard of citizenship.

Conclusion.

In conclusion, the Committee extend their thanks to all those who have contributed towards making the work a success, especially to those who have granted permission for the Exchange vacancy lists to be exhibited on their premises, and hope for a continuation of that sympathetic support which has always been forthcoming."

Appendices to the Report show that during the twelve months in question 1,712 reports were received from Head Teachers in regard to boys and girls leaving school; also that 3,689 applications were received for employment; 2,432 vacancies were notified and 2,307 vacancies filled.

An analysis of the vacancies shows that for both boys and

girls the preponderating employment found is that in branches of engineering.

22. Special Enquiries.

The following report on Dull and Backward children is the result of some special work carried out during the latter part of the year by Dr. Newton :—

" Two classes have been held during the year for Dull and Backward children; one, a mixed class of infants, at Cheylesmore School, and the other, of boys aged 8 to 11, at Spon Street School.

All these children have been carefully examined in respect to physical condition, intelligence, and educational ability; for the first two conditions, by the Assistant School Medical Officer, and for the last by the Teacher in charge.

The testing of Intelligence was performed by means of a series of tests known as the Stanford Revision of the Binet-Simon scale. These tests consist of a series of questions graded from age 3 to age 16 (at which age intelligence is stated to have reached its maximum). They are so graded that 50 per cent. of normal children could answer all the tests set for their particular age year. Hence, if a child of 9 years of age only manages to answer correctly the questions set for a child of 7 years he would be said to be 2 years retarded and to have a "mental age" of 7 years. The value of the "mental age," or the amount of retardation thus ascertained, however, varies considerably with the actual age of the child. For instance, 2 years retardation, or a mental age of 5 years in a child of 7 years old, would lead one to think of possible mental deficiency, whereas 2 years retardation, or a mental age of 10 years in a child of 12 years old, would usually indicate simple backwardness. In order to obtain an indicating symbol which shall be uniform for all ages, what is known as the "Intelligence Quotient" has been worked out. The "Intelligence Quotient" (I.Q.) is obtained by dividing the "Mental Age" by the actual age. The resulting figure is said to be constant throughout life. For instance, a child of 8 years old with a mental age of 6 years has an I.Q. of .75 ($\frac{6}{8} = .75$). This same child at the age of 16 years would be expected to have a "Mental Age" (now 4 years retarded) of 12 years, which would again give an I.Q. .75 ($\frac{12}{16} = .75$). The I.Q. is usually multiplied by 100 for convenience in getting rid of the decimal point.

These tests of Intelligence are supposed to be quite independent of school learning. That is to say the questions are such that they can be answered from a knowledge which all children assimilate simply from their intercourse with their fellows and their every-day environment.

A series of similarly graded tests has been worked out by Mr. Cyril Burt (Psychologist to the London County Council) for Reading, Spelling and Arithmetic. These were used in the case of the Spon Street Boys, but not in the case of the Cheylesmore children, since the learning these latter children exhibited was below the lowest grade in the scale.

Spon Street Boys.—The I.Q. varies from 106 to 66, the average being 82. One certainly did not expect to find a boy with an intelligence above normal in such a class. Neither did one expect to find so high an average intelligence. In a class of average children one would expect to find I.Q.'s varying between 85 and 115.

It has been stated that children with an I.Q. below 75 should be regarded as mentally defective. With this the writer does not agree. Four of the boys showed an I.Q. below 75, but none of them are to be regarded as mentally defective.

Educational ability, as tested by Burt's tests, showed an average retardation of just under 3 years. The average age of the class was 10 4/12 years. By dividing the educational mental age by the actual age a figure can be obtained analogous to the I.Q. and might be called the E.Q. (Educational Quotient). The E.Q. varies from 102 to 55, the average being 74. This points to educational ability being somewhat more retarded than general intelligence.

Curves plotted out for I.Q. and E.Q. side by side show a general agreement, with two or three striking exceptions.

Physical Condition.—General nutrition: Nine boys were marked "Good," four "Fair," and eight "Poor." Defective vision occurred in five cases, defective hearing in four, and enlarged tonsils in two cases. One condition only was markedly common, viz., some form of nasal obstruction, such as Deflected Septum, Rhinitis, &c.

There appeared to be a distinct relation between degree of mental ability and physical condition. When arranged in

descending order of Educational Attainment and divided into three groups, the results are as follows :—

Group.		Nutrition.		Total number of other physical defects noted
1st Group	...	Good	5	8
		Poor	2	
2nd Group	...	Good	2	11
		Fair	1	
		Poor	4	
3rd Group	...	Good	2	18
		Fair	3	
		Poor	2	

School Attendance.—The percentage attendance throughout their previous school life was ascertained as far as possible. The average worked out at 77.3 per cent. This is distinctly lower than the normal average attendance, but on the other hand it may not be lower than the attendance of a number of children showing the same poor type of physical characters.

Contrary to expectation, school attendance showed no correlation with mental ability.

Cheylesmore Infants.—This was a class of 35 children, 22 boys and 13 girls, the average age being 8 3/12. One child showed an I.Q. of only 49, and was considered definitely mentally defective. She was transferred to the Special School, and is not further considered in this report.

The I.Q. varied from 96 to 69, the average being 78. None of these children were considered definitely mentally defective, but four of them (all boys) are being kept under special observation as suspicious.

Educational ability was particularly difficult to test. An attempt was made to use Burt's tests, but the children's attainments were so low that it was impracticable. Accordingly each child was asked certain definite questions, and the answers recorded and kept. For instance, in "writing" each child was asked to write down any word he knew, and also to put down certain letters. Equally simple tasks were set in "number," while in "reading" the actual letters or words he could read were recorded. An attempt was made afterwards to give percentage marks to these results. The marks awarded varied between 100 and 13. These results were plotted against the

"Intelligence" curve and showed practically no correlation.

The estimation of educational attainment among these children was so difficult, and the method of recording and marking so empirical, that very little importance can be attached to the marks given. As a result of the testing, six children were considered fit to return to the ordinary classes.

All the children in this class were found to be extremely backward. Very few of them could read even the simplest sentence in one of the first Primers, and many of them did not know their letters.

Physical Condition.—General nutrition: Ten were marked "Good," twenty were marked "Fair," and four "Poor." Defective vision was found in three cases; no cases of defective hearing were found. Seventeen cases of some form of nasal obstruction were found. Many children were dirty, badly clothed, and looking generally neglected. Where the home circumstances and family history were known, they were, in many cases, bad. There seemed to be no correlation between physical condition and the degree of mental retardation.

School Attendance.—The average attendance of these children since admission to school was 76.6.

Conclusion.—There seems to be no adequate physical cause for the backwardness. There is just one defect which is notably common in both classes, viz., some form of nasal obstruction. It is known that the presence of adenoid growths is associated with mental dulness. It may be possible that all forms of nasal obstruction are similarly associated. The chief cause of the obstruction appears to be simple want of blowing the nose properly, several of the children simply did not know how to blow their noses. The teachers have accordingly been asked to pay particular attention to "nose-drill," and the Organiser of Physical Training has been asked to supervise this exercise. The next commonest cause of obstruction appears to be deflection of the nasal septum, usually due to falling on the nose in infancy.

They are mostly children from poor, and in many cases ill-managed homes. This is particularly the case among the Cheylesmore children.

School attendance seems to have no bearing on the matter. So far then, it is necessary to regard the cause of the backward-

ness as an inherent mental weakness. If this be admitted, it points to the need for special teaching for the majority of these children throughout their school life. There is just one other point; with regard to some of the more intelligent among the Spon Street class, may it not be that they were, from some cause or other, troublesome boys, who in a large class could not be given the necessary individual attention to excite their interest in their work?"

23. Miscellaneous.

The number of scholarship candidates examined was 129, and the number of teachers 3.

During the year four classes have been held for stammering children, three for boys and one for girls; the classes averaged 10 children in each. Revision classes have not yet been held. The results, therefore, cannot yet be estimated.

Appended are the Statistical Tables asked for by the Board of Education.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

E. H. SNELL,
School Medical Officer.

The Council House,

Coventry,

May 7th, 1921.

**Table I.—Number of Children Inspected 1st January 1920,
to 31st December, 1920.**

A.—ROUTINE MEDICAL INSPECTION.

Age	ENTRANTS.					Total.
	3	4	5	6	Other Ages.	
Boys	414	468	38	915
Girls	1	325	447	27	800
Totals	1	739	915	60	1715

Age	Intermediate Group.	LEAVERS.				Grand Total.
		8	12	13	14	
Boys	311	204	465	72	35	1087
Girls	296	183	541	68	20	1108
Totals	607	387	1006	140	55	3910

B.—SPECIAL INSPECTIONS.

	Special Cases	Re-Examinations (i.e., No. of Children Re-examined)
Boys	2182	893
Girls	2409	1754
Totals	4591	2647

C.—TOTAL NUMBER OF INDIVIDUAL CHILDREN INSPECTED BY THE MEDICAL OFFICER, WHETHER AS ROUTINE OR SPECIAL CASES (NO CHILD BEING COUNTED MORE THAN ONCE IN ONE YEAR.)

No. of Individual Children Inspected.
6857

Table II.—Return of Defects found in the course of Medical Inspection in 1920.

DEFECT OR DISEASE.	CODE GROUPS.		SPECIALS.	
	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
Malnutrition .. .. ..	..	8	..	5
Uncleanliness—				
Head	105	..	1414	..
Body	14	..	7	..
Ringworm—Head	4	..	179	..
Body	3	..	43	..
Skin Scabies	7	..	75	..
Impetigo	4	..	199	..
Other Diseases (Non-Tubercular	2	..	69	..
Blepharitis	14	1	73	..
Conjunctivitis .. ..	..	1	12	2
Keratitis .. ..	..	..	1	..
Eye Corneal Ulcer .. ..	..	1	4	..
Corneal Opacities .. ..	..	..	59	..
Defective Vision	217	..	593	..
Squint	41	1	51	..
Other Conditions	9	1	16	..
Ear Defective Hearing	3	3	25	7
Ear Otitis Media	28	..	137	..
Other Ear Diseases	17	..	77	..
Nose Enlarged Tonsils	142	38	257	38
and Adenoids	12	10	3	5
Throat Enlarged Tonsils & Adenoids	13	9	9	..
Other Conditions	54	7	12	2
Enlarged Cervical Glands (Non-Tubercular)	4	16	8	19
Defective Speech	18	3	20	2
Teeth—Dental Diseases .. .. ..	..	..	..	..
Heart Heart Disease—				
and Organic .. .. ..	..	30	2	17
Circulation Functional .. ..	..	3	1	..
Anæmia .. .. ..	..	6	13	2
Lungs Bronchitis .. .. ..	..	39	35	4
Other Non-Tubercular Diseases .. ..	..	1	24	11
Pulmonary—				
Definite	2	..	10	..
Suspected .. .. ..	..	5	21	11
Non-Pulmonary—				
Glands	2	1	4	..
Spine .. .. ..	..	..	..	..
Hip .. .. ..	..	..	..	..
Other Bones and Joints .. ..	..	..	1	..
Skin .. .. ..	..	..	..	..
Other Forms	1	2	9	2
Nervous Epilepsy .. .. ..	..	3	1	18
System Chorea .. .. ..	..	2	21	4
Other Conditions .. .. ..	..	1	1	4
Deformities Rickets .. .. ..	..	..	1	..
Spinal Curvature	23	..	2	1
Other Forms	49	8	19	4
Other Defects and Diseases	124	63	766	238
	912	263	4274	396

Number of Individual Children having defects which required treatment or to be kept under observation, 5545.

Table III.—Numerical Return of all exceptional Children in the Area in 1920.

			Boys.	Girls.	Total.
Blind (including partially blind) within the meaning of the Elementary Education (Blind and Deaf Children, Act, 1893.	Attending Public Elementary Schools	—	—	—	—
	Attending Certified Schools for the Blind	1	1	2	
	Not at School	—	1	1	
Deaf and Dumb (including partially deaf) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools	1	8	9	
	Attending Certified Schools for the Deaf	5	2	7	
	Not at School	—	—	—	
Feeble Minded	Attending Public Elementary Schools	—	—	—	—
Mentally Deficient.	Attending Certified Schools for Mentally Defective Children	37	30	67	
	Notified to the Local Control Authority by Local Education Authority during the Year	6	5	11	
	Not at School	—	—	—	
Imbeciles	At School	—	—	—	—
	Not at School	7	4	11	
Idiots		3	—	3	
Epileptics	Attending Public Elementary Schools	9	11	20	
	Attending Certified Schools for Epileptics	2	—	2	
	In Institutions other than Certified Schools	1	—	1	
	Not at School	6	5	11	
Pulmonary Tuberculosis	Attending Public Elementary Schools	4	6	10	
	Attending Certified Schools for Physically Defective Children ..	—	—	—	
	In Institutions other than Certified Schools	4	1	5	
	Not at School	7	12	19	
Crippling due to Tuberculosis	Attending Public Elementary Schools	5	2	7	
	Attending Certified Schools for Physically Defective Children ..	—	1	1	
	In Institutions other than Certified Schools	1	—	1	
	Not at School	—	2	2	
Physically Defective.	Attending Public Elementary Schools	29	9	38	
	Attending Certified Schools for Physically Defective Children ..	2	—	2	
	In Institutions other than Certified Schools	1	—	1	
	Not at School	5	9	14	
Other Physical Defectives, e.g. delicate and other children suitable for admission to Open-Air Schools; children suffering from severe heart disease	Attending Public Elementary Schools	31	30	61	
	Attending Open-Air Schools	3	8	11	
	Attending Certified Schools for Physically Defective Children, other than Open-Air Schools	1	—	1	
	Not at School	27	40	67	
*Dull or Backward	Retarded 2 years				See page 165.
	Retarded 3 years				

*Judged according to age and standard.

Table IV.—Treatment of Defects of Children during 1920.**A. TREATMENT OF MINOR AILMENTS.**

Disease or Defect.	Referred for Treatment.	Number of Children.			Total.	
		Treated.		Under Local Education Authority's Scheme.		
		Otherwise.	Total.			
Skin :						
Ringworm-Head ...	183	134	29		163	
Ringworm-Body ...	46	28	6		34	
Scabies	82	46	36		82	
Impetigo	203	144	59		203	
Minor Injuries ...	55	36	19		55	
Other skin disease ...	71	9	28		37	
Ear Disease	165	116	10		126	
Eye Disease (external and other)	136	32	14		46	
Miscellaneous	74	37	37		74	
	1015	582	238		820	

B.—TREATMENT OF VISUAL DEFECTS.

Referred for Refraction	NUMBER OF CHILDREN.								
	Submitted to Refraction.				For whom Glasses were prescribed.	For whom Glasses were provided.	Recommended for Treatment other than by Glasses	Received other forms of Treatment.	
	Under Local Education Authority's Scheme, Clinic or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.					
1148	935	935	792	18	39	63	76

C.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Referred for Treatment.	NUMBER OF CHILDREN.				Received other forms of Treatment.	
	Received Operative Treatment.			Total.		
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.				
514	226	11	237	25		

D.—TREATMENT OF DENTAL DEFECTS.**1.—NUMBER OF CHILDREN DEALT WITH.**

	AGE GROUPS.												Specials	Total.
	5	6	7	8	9	10	11	12	13	14				
(a) Inspected by Dentists	805	1101	1032	..	..	..	..	..	..	..	..	2938	
(b) Referred for treatment...													1935	
(c) Actually treated													1129	
(d) Re-Treated (Result of periodical examination)													68	

2.—PARTICULARS OF TIME GIVEN AND OF OPERATIONS UNDERTAKEN.

No. of Half-Days Devoted to Inspection	No. of Half-Days Devoted to Treatment	Total No. of Attendances made by the Children at the Clinic	No. of Permanent Teeth	No. of Temporary Teeth	Total No. of Fillings	No. of Administrations of General Anaesthetics included in (4) and (6)	No. of other Operations			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
40	285	3123	287	1369	3287	346	2201	22	441	675

**Table V.—Summary of Treatment of Defects as Shown in Table IV.
(A, B, C, D and F, but excluding E).**

		Number of Children.			Treated.
		Referred for Treatment.	Under Local Education Authority's Scheme.	Otherwise.	
Minor Ailments	...	1015	582	238	820
Visual Defects		1148	935	...	935
Defects of Nose and Throat	...	514	226	36	262
Dental Defects	...	1935	1129	...	1129
Other Defects	...	1182	895	119	1014
TOTAL	...	5794	3767	393	4160

Table VI.—Summary Relating to Children Medically Inspected at the Routine Inspections during the Year 1920.

(1) The total number of children medically inspected at the routine inspections	3910
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or foot gear) who require to be kept under observation but not referred for treatment	258
(3) The number of children in (1) suffering from :—					
Malnutrition	8
Skin Disease	20
Defective Vision (including Squint)			259
Eye Disease	27
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Average Heights (without shoes).

Age last birthday. Years.	BOYS.		
	No. Measured.	1920.	
		Inches.	Centimetres.
5	414	41·50	105·41
6	468	43·25	109·85
8	311	48·25	122·55
12	204	55·75	141·60
13	465	56·75	144·14

GIRLS.			
5	325	41·25	104·77
6	447	42·50	107·95
8	296	47·50	120·65
12	183	56·00	142·24
13	541	57·75	146·68

Average Weights (without shoes).

Age last birthday. Years.	BOYS.			
	No. Weighed.	1920.		Kilograms.
		Lbs.	Ozs.	
5	414	39	15	18·11
6	468	42	7	19·23
8	311	52	1	23·61
12	204	73	13	33·47
13	465	78	8	35·61

GIRLS.				
5	325	38	8	17·47
6	447	40	15	18·56
8	296	49	8	22·45
12	183	75	3	34·10
13	541	81	6	36·90

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